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THE

LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

SATURDAY, JUNE 8, 1833.

# LECTURES
ON THE
# THEORY AND PRACTICE OF MEDICINE;

*Delivered at the London University,*

BY DR. ELLIOTSON.

## DISEASES OF THE CHEST.

### *PNEUMATO-THORAX.*

*Impropriety of the term employed by Laennec.*—The pleura is sometimes distended by another fluid—*air.* This disease is called by Laennec *pneumo-thorax*, but very improperly so; it ought of course to be called *pneumato-thorax.* Pneumo-thorax means something about lung and chest, but pneumato-thorax means something about air and chest. We have such a word as *pneumatocele*, signifying a swelling produced by air; and when air exists in the thorax we ought to say *pneumato-thorax*, because *πνευμα* is the Greek for air, and according to common analogy we should change the genitive into *το.* We say *hæmatocele*, we do not say *hæmocele;* therefore Laennec is wrong in the name which he has given to the disease, which consists of air existing in the pleura. This is unimportant, and one is not disposed to dwell upon words, only when a new term is invented it is right to make it legitimate according to other words. With words that have been long established we must be contented, and not be over nice.

*Symptoms.*—Now when air exists in the pleura, it of course gives rise to the same effects of distention that the existence of pus or serum does; the intercostal muscles swell out a little, and the diaphragm and liver, in the case of the right side, are pushed down. But you may beforehand predict what will be the signs to the ear. There will not be a dead sound, as in the case of the effusion of pus or serum, but on striking the chest you will have a hollow sound, though on listening to the chest you will, as in hydrothorax, have no respiratory murmur. The air that is there is not the air of respiration, but exists external to the lungs, and therefore it does not give any respiratory murmur; but there is this great difference, that if you strike the chest, notwithstanding there is no more respiratory murmur than in the abdomen, yet you have a fine clear hollow sound.

You see, in this instance, the importance of not trusting either to percussion or to the stethoscope separately; you see that a case may occur in which the combined use of percussion and auscultation is necessary. If you merely strike the chest in these instances, you see nothing the matter, for it gives a fine hollow sound—perhaps a clearer sound than in health: and again, if you only listen to the chest, without striking—merely apply the stethoscope—you will say, here is a lung solidified, or here is a pleura filled with liquid, with pus, or serum. But by using both, you see clearly the nature of the case; you ascertain, by the fine hollow sound, that air is there, but by the want of respiratory murmur you perceive that the air has nothing to do with the lungs.

*Symptoms.*—When air exists in the pleura, you have, as I have just observed, a clear sound on percussion, which would lead you to suppose that all was right; but clear as the sound is, there is no respiratory murmur at all. I instanced this as a proof of the propriety of not trusting simply to the stethoscope, nor simply to percussion; and it is an excellent instance of the propriety of having recourse to both.

You will recollect, that when I spoke of a collection of liquid in the pleura, I mentioned that, however large the collection might be, you would still hear respiration about three fingers' breadth from the side of the spine; that the roots of the lungs were never so compressed but that you might hear respiration there; although, in extreme inflammation of the lung, the lung becomes so solid that no respiration can be heard. Now it is exactly the same when the pleura becomes distended with air. When the lung is compressed by air in the pleura, still the compression is never such that respiration cannot be heard at the roots of the lungs—at least it must be an extremely rare occurrence. The lung still resists sufficiently to maintain its function at the roots, and consequently, at the sides of the spine you may hear the respiratory murmur.

*Diagnosis from Emphysema.*—There is one case in which the auscultatory phenomena resemble those which are noticed in pneumato-thorax, and that is one that I have already mentioned under the head of chronic bronchitis, when the air-cells are greatly distended, and perhaps broken one into another. When the disease improperly called "emphysema of the lungs" takes place (I say improperly, because emphysema is the existence of air in the cellular membrane, and in this case it is contained in the air-cells of the lungs), there is a great cavity in the lungs filled with air; and you will recollect I mentioned that there is a very clear sound on percussion, but on listening to the respiratory murmur you scarcely hear any thing. The cases, in their nature, you perceive are very similar—that is, cases where air exists in the pleura, and cases where some of the air-cells are very much enlarged and partly broken down, so that a body of air exists in the substance of the lungs and is nearly stagnant, does not pass and repass as it ought to do in respiration. There is, however, a mode of distinguishing between the two cases, and it is this: when air exists in the pleura, you hear no respiratory murmur at all at the front of the chest—it is stagnant; but in the case of dilatation of the air-cells, the air, although nearly stagnant, is never quite so—it is partially expired and inspired—and therefore you do hear a faint respiratory murmur. Another mode of making the diagnosis is this: when the case is one of dilatation of the air-cells, it is consequent upon a long-continued catarrh, or bronchitic affection; it only takes place when a disease has existed a long time, and you hear the mucous, sonorous, and sibilous rattles of bronchitis, so that you may very clearly altogether make out the nature of the case; whereas, when air exists in the pleura, it is, for the most part, a very sudden affection, there are no signs of bronchitis; and it is not only sudden, but generally very violent, and usually confines the patient to his bed.

### *Hydro-Pneumato-Thorax.*

A compound case sometimes happens; one made up of the two affections of which I have last spoken—of hydro-thorax, or empyema, from the fluid existing in the pleura, and pneumato-thorax, in which air exists in the pleura. We sometimes see patients with both air and fluid in the cavity of the pleura.

This affection is termed *hydro-pneumato-thorax.* It is a long word, but very expressive; it shews you at once the nature of the case—hydro-thorax, the name for fluid, and pneumato-thorax, the name for air in the chest. There is nothing puzzling in the term, although it is a long one.

*Symptoms.*—If you reflect a moment, you may, as in many other cases of affection of the chest, predict before-hand what will be the symptoms of this disease perceptible by the ear. The air, of course, must be at the upper part of the chest, unless there be adhesions there, and the fluid will be at the lower; and therefore, on percussion at the superior part, you have a clearer sound than natural, but when you strike at the inferior part there is a dead sound. The contrast is very great indeed; the sound above is clearer than usual, whereas the sound below is perfectly dead. If you listen with the stethoscope during respiration, to all parts of the side of the chest, you hear no respiratory murmur; the air above and the fluid below impedes respiration, and therefore there is no respiratory murmur either in the one situation or the other. But there is this difference between simple hydro-thorax and pneumato-thorax—in the former case there is a dead sound from the presence of the fluid, in the latter there is a clearer sound than natural from the presence of the air; and in a compound case there is a dead sound below and a clear sound above. And again: you will be aware, that if you alter the position of the patient, you alter the situation of these phenomena. If the patient under examination be sitting or standing upright, the symptoms will be what I have stated; but suppose you make him lie down, you will then find that the hollow sound, instead of being at the superior part of the chest, will be altogether at the anterior, and the dead sound on percussion will be quite by the side; just as you alter the relative position of the air and the fluid.

There is, however, in this case (and that, I think, you might imagine) another circumstance which takes place only in this disease—viz. that if you suddenly shake the patient, take him by the shoulder and jolt him, you frequently hear fluctuation. You cannot hear fluctuation in emphysema alone, nor can you hear it in hydrothorax;

neither is it audible where air only exists in the chest: it is only perceptible in hydro-pneumato-thorax. You may hear the fluctuation with the naked ear applied to the chest, or by means of the stethoscope. It is well, in all cases of this sort, to put the ear on the patient's chest, and let some one move him rather suddenly; and then you will hear fluctuation within, and the patient will be aware of it himself. Sometimes the patient has discovered this before the medical attendant has thought of the nature of the case. You will find a very remarkable case in one of the volumes of the Dublin Transactions, which occurred before Laennec's time. The patient did not say, like the woman in Scripture, that he had spent all his substance on physicians, but he had been to all the doctors within his reach, and moreover he had been sent to the Continent, but it was all in vain; nobody knew the nature of his malady, and he discovered it at last himself. He found that when he was sitting up, or jolted himself in any way, he heard fluctuation within his chest; he pointed the attention of his medical attendant to it, who then, for the first time, listened to his chest. Now this phenomenon is mentioned by Hippocrates, or in some of the works ascribed to him, but unfortunately it is there said that it takes place only when pus exists in the chest. This is incorrect; it takes place only when there is both liquid and air in the chest, the reason of which is, of course, very evident. Those who attended to what Hippocrates or the writer of this passage said, endeavoured to verify it by dissections; but found that the observation was inaccurate, and therefore it dropped to the ground, and medical men neglected to apply the ear to the chest (although Hippocrates had done so), and stigmatized the plan as being mere nonsense. Unfortunately the observation was not sufficiently minute; the sound was ascribed solely to the existence of pus, and so the mistake was made.

*Metallic Tinkling* — There is another symptom (for which you would not be prepared) which exists when there are these compound contents (air and fluid) in the pleura; and that is, *metallic tinkling*. It is exactly like the sound which, according to Laennec's description, is made by striking a pin against a piece of glass. It is a clear, silvery, ringing sound—a sort of metallic sound, as is implied in the expression *metallic* tinkling—a very beautiful sound. It was long after I began to study the auricular symptoms of diseases of the chest, before I heard this; and till I did hear it I mistook many a one for it. There is a click in some diseases of the chest, which I for a long time mistook for it, and which all people will do when they are first studying it. When, however, I once heard the real sound, the difference was so great that it prevented me running the chance of mistaking it again. You will hear a click, but it is not fine and silvery; but in the real metallic tinkling the sound is very much like that which is made by wetting the finger and rubbing it upon a glass vessel. It is not so loud, but it is a fine, clear, expansive sound.

This sound may be heard most frequently by putting your ear to the patient's chest, and then raising him, or causing him to be raised, suddenly upright. It is supposed that then a portion of pus drops from the upper part of the chest down below, and thus produces the sound. At any rate, the way I have stated is one of the best modes of hearing it. You may hear it by this means when you cannot hear it in any other mode; but in one particular case of air existing in the pleura, you will hear it when the patient is speaking, coughing, or even breathing; and that case is where the air has got into the pleura through the lungs. The air, I shall presently mention, sometimes, it appears, may be secreted in the pleura, sometimes it is the result of a decomposition of puriform fluid, but sometimes it enters the pleura through a rupture of the surface of the lung. If a communication be established between the lung and the pleura, whether by ulceration of a tubercle, by rupture, by gangrene of the surface of the lung, or by a wound, then you will have this clear silvery sound when the patient is speaking—perhaps when he is coughing, or perhaps when he is breathing. An aperture of this description most frequently takes place from an abscess of the lung—from a tubercle bursting; so that there is both air and pus effused into the cavity together; and in this case there is always a clear metallic tinkling. I believe I mentioned that in the patient whose lungs I shewed you a few weeks ago there was a most beautiful metallic sound. On striking the chest when I first saw him, I found a perfectly dead sound all over the lower part of the chest; and being told that it was a case of consumption, of course I did not know the reason of it. But on listening above, I found no respiratory murmur, and the nature of the case, in my estimation, was then clear. When he spoke, there was a fine, clear, ringing sound all over the chest; and when he coughed, it was exactly the same. After a time, it entirely disappeared; and then I presume that a small cavity which had existed in the lung, forming a communication between the lung and the pleura, had healed. In about a fortnight there was no ringing sound to be heard, and the patient, after going into the country, was apparently a great deal better. After a time, when I saw him again, there was still no respiration to be heard over nearly the whole of the chest, and there was a dead sound on percussion, not merely at the inferior but at the superior part of the thorax. There was no more metallic tinkling, and it was clear that what had been filled with air was now filled with fluid only. An operation was performed, and a quantity let out day after day, till it amounted to many quarts—gallons, I believe. I forget how much was evacuated, but it was an immense quantity: unfortunately, however, there was too much other disease for the operation to cure him.

*Amphoric Buzzing.*—When air exists in the pleura, in consequence of such an opening as I have now described, before the silvery sound is heard you will occasionally hear a particular sound from air going in and out of the opening; and it is so much like the sound which you make when blowing air into a bottle, that it has been called *amphoric buzzing*. I do not recollect ever having heard it.

*Diagnosis from Abscess of the Lung.*—I just now mentioned that when the air cells are dilated, and a cavity exists in the lungs filled with air, the symptoms in some measure resemble those arising from air existing in the pleura, because the one is a great cavity, and so is the other. Now if it so happen that a great cavity exist in the lung, filled half by pus and half by air, the circumstance is very much the same as when the occurrence takes place in the pleura. Just as a cavity in a large dilated air cell resembles the cavity in the pleura, and gives rise to nearly the same symptoms, so a large abscess in the lung, filled half with air and half with fluid, resembles the pleura when in the same condition; and you will therefore have the same phenomena—that is to say, metallic tinkling. If the symptoms take place from a large abscess existing in the lungs, containing both air and fluid, on raising the patient suddenly a drop will descend from the upper to the lower part, and cause a silvery sound. But if the case be not very clear, it can be made out from this circumstance—that you will have, when a cavity exists in the lungs, pectoriloquy, or the air going through the tube, as if the person's mouth were at the other end of the stethoscope; whereas, in cases where the pleura is affected, as there is no great communication between that and the bronchial tubes, you do not have this phenomenon; and where an abscess in the lung, containing partly air and partly fluid, is large, it will give you a sense of fluctuation upon suddenly shaking the patient.

*Cause of Pneumato-thorax.*—Now with respect to the cause of pneumato-thorax, it far more frequently than not takes place suddenly, and I believe it more frequently happens than not to phthisical patients, in whom unfortunately a tubercle has existed close to the surface of the lung, and nature has not formed an adhesion of the surface of the lung to the costal pleura, so that ulceration has gone on to the pulmonary pleura, which has become thin, till at last it has ulcerated through. This has frequently happened when a patient labouring under phthisis has made a violent effort, and rupture has taken place.

*General Symptoms.*—The general symptoms, then, are extreme dyspnœa; and a person who does not use his ear might perhaps be led to suppose that it was merely an attack of inflammation, especially if the patient had been running out of doors in the evening. One might then suppose that the patient had caught a violent cold, and he might be bled and blistered all to no purpose, the nature of the case simply being, that air had escaped into the pleura. The importance of listening to the chest in such a case is self-evident; for you may make out the nature of the case clearly enough by striking the chest; you find a perfectly clear sound, and yet on listening to the respiration you hear no respiratory murmur.

*Treatment.*—Under such circumstances an operation should be performed; the parts should be punctured and the air let out. You will find an interesting case of this description described in one of the medical journals three or four years back, which occurred to Dr. James Johnson. It occurred to a medical practitioner who ran to a case of midwifery, and was seized with difficulty of breathing and the symptoms I have just mentioned. Several practitioners were called in, one of whom said that he had had a similar case the preceding winter, and that the patient was cured with hyoscyamus; but nobody had the least idea of the true nature of the affection except Dr. J. Johnson, and he was so satisfied respecting it, that I think Mr. Guthrie, at his request, made an opening in the chest, and out came a rush of air, and the patient felt immediate relief. This was a great object effected—at least all those who have been in pain know what a blessing it is to get half an hour's ease. The patient died afterwards, because he was phthisical; but had there been no other disease than this accidental escape of air, no doubt he would have done well. I believe I mentioned that if it occur on the left side of the chest it will push the heart to the right side, just the same as a collection of fluid. Of course the operation would not be required merely because you hear air in the chest; it need only be performed where there is such difficulty of breathing as to make it necessary to do something for the relief of the patient. So in a compound case, one of hydro-pneumato-thorax, where there is both air and water in the chest, no operation would be required unless there was extreme dyspnœa. It is best to make the opening large enough to let out the liquid, so that, after the air has escaped, the fluid may be evacuated.

The general treatment would be that of phthisis, or a large abscess—supporting the strength, &c. These are rare cases comparatively, but it is very necessary to know them. You every now and then in practice will meet with such a case; and if you know the nature of it, although you may not be able to cure the patient yet you may do him great good; you may lessen his sufferings, and sometimes you may even cure him. When air exists in the pleura merely from gangrene of the lung at that spot, and the separation of the eschar, a circumstance which will occur when the gangrene is quite partial, the operation in such a case might be followed by complete success. If air were disengaged merely from a quantity of fœtid pus underneath, it is possible then that the operation might be the means of saving the patient's life, by putting an end to the dyspnœa, which would perhaps have killed him, and then the other disease may be made to subside. Phthisis is rarely cured, but these other affections sometimes are; it may happen, therefore, except the patient have phthisis, that the disease may be permanently cured.

## *TUBERCULAR DISEASE OF THE PLEURA.*

There are certain other diseases of the pleura of an organic nature, upon which I will not detain you above a few minutes. Occasionally the same disease attacks the pleura which forms phthisis when it exists in the lungs. The pleura is in a state, though not very frequently, of tubercular deposit. Sometimes in phthisis you will see one pleura, or both, beset with tubercles of various sizes, generally small, but sometimes of a large size.

*Symptoms.*—The deposition of tubercles in the pleura may be attended with scarcely any symptoms whatever, because phthisis may exist at the same time, and the symptoms of the greater disease may swallow up those of the small one. But sometimes, if the disease exist alone and is of any amount, there will be all the signs of a pleuritic effusion into the chest—all those symptoms which I just now mentioned, and it may not be easy to make a diagnosis in a case of this description. One is continually surprised on making a post-mortem examination, to find tubercles in the pleura. But if the disease be considerable in any one spot, you will have marks of pleuritis; inflammation will take place around the tubercle, and suppuration will occur; but it is not easy to distinguish inflammation from such a source as that, from inflammation of a simple nature.

When suppuration takes place, pus may be discharged into the pleura, or without suppuration there may be an effusion from excessive secretion into that cavity, and the secretion may be serous or purulent—in fact, you may have pleuritis, and all the consequences of pleuritis, so that you may have air pass in, and all those other changes will take place which I mentioned as occurring without tubercles, and the patient will become hectic.

*Treatment.*—The treatment of the case will depend entirely upon the presence of air, the presence of fluid, the presence of signs of inflammation, and so on. It is only necessary to know, that all the changes which I have now mentioned are sometimes connected with tubercles in the pleura itself, and that sometimes very minute tubercles will exist there, and give rise to scarcely any symptoms at all; tubercles are frequently observed there when they are seen in various other parts of the body.

Perhaps more frequently than not, when pleuritis is chronic, when the patient has a fixed pain in the pleura of an inflammatory nature, and wastes away, it is a scrofulous affection, and is attended by this tubercular deposition. The tubercles most probably are situated in the cellular texture, immediately under the serous membrane.

*Ossification of the Pleura.*—I have seen the pleura ossified to a great extent; and here again it is not the pleura, properly speaking, that is ossified, at least originally, but the cellular membrane under it. The cellular membrane is frequently converted into bone in various parts of the body, or bony deposit takes place in the cellular membrane; perhaps that is a more accurate mode of speaking. But the pleura above the bone will sometimes disappear, waste away, so that you have the bare bone on looking into the cavity of the pleura. I recollect once meeting with this occurrence to a great extent in an old man who died of ascites and liver disease, and who was not aware that he had disease in the pleura—at least he never attracted our attention to it. I recollect remarking how well he could lie down notwithstanding the fluid in his belly, and I found the pleura covering several ribs in a state of ossification.

*Schirrhous and Melanoid disease of the Pleura.*—Other affections may occur in this situation; you may have schirrous and melanoid disease, but these are comparatively rare affections.

## DISEASES OF THE HEART.

### *ACUTE PERICARDITIS.*

The subject to which I now pass will be inflammation and organic diseases of the other serous membrane contained in the chest—inflammation of the pericardium.

In speaking of inflammation of the pericardium, I will consider that membrane both in its loose portion, and that which is bound closely down to the substance of the heart. I believe some writers call inflammation of that portion of the pericardium which closely invests the heart *carditis*, as well as inflammation of the heart; but as it is all one continuous membrane, the loose portion and that which is bound down, and both adhere together, it is more correct to speak of inflammation of both portions under the term of pericarditis, than to call one inflammation of the pericardium, and the other carditis.

*More common than was formerly supposed.*—Formerly this was not supposed to be a common disease; but so far from that opinion being correct, it is an exceedingly common affection. No man in practice can pass a month without seeing cases of this description.

*Supposed difficulty in making a Diagnosis.*—This disease has been thought to be one not very easily made out, and like all other diseases, I suppose that sometimes it may escape the attention of good practitioners, and that they may be surprised after death to find signs of inflammation within the pericardium.

*Symptoms.*—The symptoms of the disease are pain in the region of the heart, and that pain is frequently increased upon pressure, provided you make the pressure between the ribs over the heart, so that it actually influences the pericardium. If you make an exceedingly great pressure upon the ribs themselves, so as to press them down as much as possible, you frequently increase the pain, and you also have an increase of pain if you push up the ends of the fingers under the cartilages of the ribs, so as to drive the diaphragm against the heart with the ends of the fingers. From that proceeding you will frequently have pain. Then the pain which is felt—not at all times, not that which you occasion merely by pressure—generally darts up to the left shoulder; it also goes through to the back, and very frequently it extends down the left arm. From these symptoms, and the increased action of the heart, together with the pyrexia which exists, I think any one would be justified in saying there was pericarditis, and if he treat it accordingly, he will generally find himself treating the patient right.

*Auscultatory Signs.*—The use of the ear in this disease, so far as I have been able to notice, is rather negative than positive. I have not been able very frequently to hear any thing unusual about the sounds of action of the heart, except that the heart acts too violently. In these cases there is palpitation; but on listening you will hear nothing more than that the heart throughout is beating strongly, and perhaps all the sounds are a little increased, but not more than will occur if you make the heart beat violently from exercise, or from taking any stimulant. Now and then it will happen that the action of the heart takes place with a blowing sound, but that occurs by no means invariably: much more frequently than otherwise there is no such thing, and when it does take place, it generally continues, and the case becomes more or less chronic. It is not a necessary circumstance that it should take place, and it does not deserve, in my opinion, to be considered one of the symptoms in the disease. So frequently is this sound absent—so frequently will it arise from other causes than pericarditis—that I do not believe that if the case be one of pure pericarditis this sound will take place. I believe it only occurs when some other affection is present at the same time.

*Connexion with Rheumatism.*—This disease is both acute and chronic, like most other inflammations; but when it occurs in an acute form, it far more frequently than not accompanies, or has been preceded by rheumatism, and it is a disease which occurs far more commonly in young persons—in youths and young adults, than in any others. You will occasionally see it in, or after rheumatism in infants, actually in infants; but generally speaking, it attacks children perhaps from about 12 to 15 years of age, and young adults, and persons up to 30. I do not myself recollect an instance of it occurring from the suppression of rheumatism. In every case that I can recollect at this moment, it has occurred either during an attack of acute rheumatism, or some time afterwards, and not when the rheumatism has suddenly disappeared, but when it has gone slowly away, or when there has been some little degree of it still lingering in the body. I have seen rheumatism cease suddenly, and every body must, without seeing this disease as the consequence of it. It occurs far more frequently as a part of rheumatism than not, but it does not arise from the sudden cessation of that complaint in the joints. Sometimes, (and this is a curious circumstance) after the rheumatism has ceased for three or four months, when the patient has got rid of his rheumatism entirely, a pain has come on in the side—signs of pericarditis, greater or smaller, have taken place. The French say that they consider this as the result of suppressed rheumatism in the joints, but I have never seen it. I have been in the habit of applying cold water to joints affected with rheumatism when hotter than they should be, but I have never seen this result. It will sometimes occur from cold and wet, like any other inflammation, but generally that which will produce it produces at the same time rheumatism of the joints.

*First discovered by the English.*—I believe it is entirely an English discovery; that this disease, or rather disease of the heart, I should say, is so connected with rheumatism. The observation was made cursorily at first. It was merely supposed that disease of the heart was connected with rheumatism. For that observation we are indebted to Dr. Pitcairn, of St. Bartholomew's hospital, but he was a diffident man, and could not be persuaded to publish it. Neither Dr. Baillie, nor any one else, could prevail upon him to make it known through the press; but he was the first person who pointed out the fact that disease of the heart was continually connected with rheumatism. Sir David Dundas, a surgeon at Richmond, subsequently published a paper on the subject in the first volume of the Medico-Chirurgical Transactions, but this was many years after Dr. Baillie stated the fact in his Morbid Anatomy, and ascribed the discovery of it to Dr. Pitcairn. Sir David Dundas, however, never makes an allusion to this, but brings it all forward with an air of novelty, and publishes it as an original discovery.

However, I think it is pretty certain that disease of the heart is not connected with rheumatism, excepting so far as the effect of pericarditis is connected with rheumatism. We every day see the latter occurrence; and whenever you see a case of disease of the heart in a young person, which has been connected with rheumatism, and the patient dies, you will find marks of preceding inflammation within the pericardium; and if you inquire into the history of the case, you will find that there were symptoms originally of pericarditis. I am quite clear that the rheumatism is connected with the inflammation of the pericardium. I will not say it produces it, because all the symptoms result perhaps from the same state of the system; but the first thing connected with the rheumatism is pericarditis, and then when that has existed any time, the organic changes of the heart take place. You may easily, I think, satisfy yourself of this by reading all the cases that have been published of diseases of the heart as consequent upon rheumatism. You will find strong proofs of inflammation of the pericardium; and if the original history of the case be detailed, you will see strong symptoms of pericarditis. If you attend to this matter, you will find, when you inspect the body of a person who has died of the disease, marks of pericarditis; or if you make inquiry of a patient, you will find the symptoms are those indicative of the complaint, and every day, when you see cases at the onset of affection of the heart connected with rheumatism, you will see that inflammation has taken place first, and that organic disease is consequent upon that. This is a very happy circumstance, because inflammation of the pericardium may be controlled as easily as inflammation of any other part; whereas organic disease of the heart, for the most part, is an affection which we can only palliate. But it is not disease of the heart which is connected primarily with rheumatism, but pericarditis. This is nothing more than you would suppose, because young persons, who are chiefly the subjects of this disease of the heart, are not subject to organic diseases, excepting scrofula. They are subject enough to inflammation, and we know that inflammation of any part whatever will leave organic disease. The great source of organic disease is inflammation, and it is quite capable of producing every organic affection whatever—that is to say, of producing all common or structural diseases, and a predisposition to any peculiar disease. The debility produced by inflammation of another part easily makes the patient the prey of a specific affection. But it is in young subjects that this affection occurs—in young subjects who are particularly liable to inflammation of every description, and not to organic diseases of any kind, excepting scrofula.

*Morbid Appearances.*—After death from this disease, the anatomical appearances are just the same as after inflammation of any other serous membrane. There is sometimes redness in stars, and sometimes patches of redness. The redness seldom extends very deep, even in the most violent cases. The membrane does not become thickened, but of course a quantity of fibrin is seen lying upon it, and a quantity of serum is collected within the cavity. The fibrin is generally in very fine layers, forms layers upon the pericardium, and sometimes it lies in a mass like jelly. It is usually irregular upon its surface, having minute pores, and sometimes these pores, these little singularities, are very considerable; so that Laennec compares them to the appearance of two slabs which have had butter spread upon them, and then been forcibly separated. A number of knobs then appear, with, of course, little excavations between them. There is often a great deal of this exudation when the redness is very considerable.

If these exudations are considerable, they will sometimes glue the two portions of the pericardium together, so that they cohere to the heart, and a cavity no longer exists, and hydrops pericardii cannot take place. Such cases have been taken as instances of the entire absence of the pericardium. There are, perhaps, half a dozen cases on record where no pericardium existed; but there is no question now that the cases so described are altogether doubtful: they were nothing more than instances of the cohesion of the two portions of the pericardium — the loose, and that which immediately invests the heart; so that a mistake has been committed. You find, in one of these instances, that there had been a complete cohesion; but occasionally the adhesion is partial — exists here and there. Of course there is a very great variety as to the strength of these adhesions; sometimes they are very slight, like those in the pleura, and sometimes they are very tough, fleshy, indeed almost cartilaginous. In regard to the quantity of fluid which is produced from the inflammation, it is seldom very considerable: now and then it is, but that is a rare occurrence. For the most part, the fluid presents the same appearance as in other inflamed serous membranes. Sometimes it is turbid, of a yellow colour, containing a few flakes of lymph; but now and then, as in the case of the pleura, it has the appearance of pus, and even absolute pus has been found in a large quantity, and that within the pericardium. Dr. Baillie says that he once saw a quart of pus in the pericardium, and no ulceration existed: it was pus secreted by a serous membrane, exactly as you frequently see it secreted by a mucous membrane.

*Treatment.*—As to the treatment of the disease, when it is acute there is nothing peculiar in it, and I will not take up your time for a moment in speaking of it. The treatment is the same as that for active inflammation in any other part of the body, only it is to be remembered that this inflammation is seldom violently active—it is generally moderate inflammation, and disposed to become chronic. When acute inflammation is not very intense, the best way of attempting to remedy it is by local bleeding; and a very moderate inflammation of the pericardium, just like a moderate inflammation of the pleura or the peritoneum, is best treated in that way. I think, in my own practice, I have noticed that pericarditis yields more readily to free local than general bleeding; and I believe this is owing to the general principle that inflammation, when, although it is acute, nevertheless is not very intense, is best remedied by local means.

Now inflammation of the pericardium, when acute, is seldom of a very active character—not so active as pleuritis or peritonitis; and it is disposed to fall into the chronic form. I believe the greater number of persons who have pericarditis do not die of it immediately, but at a remote period; and then death arises from acute inflammation degenerating into the chronic form. This is the principal danger arising from pericarditis. Mercury should be given, rest should be enjoined, and the patient should be restricted to low diet. These are the only observations that I think it necessary to make respecting this affection: nothing more can be said than what I have advanced over and over again, respecting the treatment of inflammation in general.

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## GULSTONIAN LECTURES, 1833.

ON THE

## FUNCTIONS OF THE ABDOMEN,

AND SOME OF THE

*Diagnostic Marks of its Disease.*

BY RICHARD BRIGHT, M.D. F.R.S. &c.

[Continued from page 287.]

HAVING, then, cursorily called to mind a few of the various functions dependent upon the viscera of the abdomen, let us consider the causes which chiefly derange these functions.

The morbid conditions of the viscera may be, in a great degree, referred to the following general heads: — Excessive action, natural in its kind, very generally depending on irritation, either direct or sympathetic;—defective action, natural in its kind, often accompanied with, and sometimes originating in, a state of congestion; — perverted action; — simple inflammation; — malignant action; — scrofula;—ossification. And the numerous morbid appearances may be chiefly referred, in the same way, to temporary increased vascularity from irritation, either local or sympathetic, or from congestion or overloaded vessels;—increase of natural structure;—decrease of natural structure; — alteration of structure, depending on perverted action, on scrofula, on common and on malignant inflammation.

First, then, I say that excess of action, natural in its kind, very generally depending on inflammation either direct or sympathetic, is to be considered an important source of disease.

Here I am well aware that I am employing two words of which it might be difficult for me to furnish concise definitions, but I must beg leave to use them according to the conventional language of our profession; by irritation, intending to express an undue excitement chiefly exercised upon the extreme distribution of the nerves and capillaries; and by the term sympathetic, referring to those actions of an organ, or part, which depend upon actions going on primarily in some other organ or part, and in general to be traced to some obvious or believed communication through the medium of the nerves. And it may be well to pause a moment, that we may realize to ourselves the nature of those organs respecting which we speak—that we may feel convinced as to their capability of being affected by such actions—that we may inwardly admit the probability of their being under the influence of such remote agencies. View here a portion of injected intestine—view here the vessels of a secreting gland. Mark here the tubes which convey that fluid whose course was pointed out to us by HARVEY, whom we delight to call our own. See how nature has ordained that the streams of life, the stimulus of healthful action, the means of nutriment, the source of secretion, shall be borne in its silent and unobtrusive way through every particle of our frame. Grant, now, for one moment, that its healthful balmy nature be changed into a direful poison; or grant that the particles on which it acts be each turned but one atom from its accustomed bearings; and then venture to predict what will be the result of myriads of agencies, now no longer healthful, when multiplied by the quick beat of the fevered heart. Shall we not now willingly confess the probability that slight morbid actions, such as the mild term of irritation would almost seem to exaggerate, may produce great effects upon organs thus constituted?

Look, again, at the nervous system: see how the fibres communicate and interlace; observe how all have direct relation to the brain—the great organ on which the modification of our thoughts and feelings, in some mysterious manner, seems to depend; and acknowledge, in these fine threads, a clue which, if carefully followed, will lead us, in part at least, through the labyrinth of those associated actions to which we properly apply the term of sympathetic.

It is by no means difficult to find examples of simple excess of action going on in the abdomen; as, for instance, the increased action of the intestines from various articles of food, or from remedies—or the increased action of the kidneys, from mild diuretics. These I advance as instances of simple increased action by causes directly influencing the organ; and while I say this, I am desirous of modifying the expression; for as, in all probability, every remedy we use has some peculiar mode of action, we cannot strictly assert that what it produces is but the natural action; it may, however, be so nearly that which is natural that the secretion resulting may be in every important respect the same as in health; and the supposed diversity of action, therefore, may fairly be left out of the account.

As instances of action increased by sympathy, may be cited the disturbance of the bowels, depending on mental emotion, and the profuse secretion of the kidney in hysteria. We have defective, though natural action, in cases of habitual constipation and in the sluggish action of the liver, often so effectually and speedily relieved by simply exciting the system and relieving the circulation by exercise, by purging, or by local depletion.

We recognize perverted action, without any signs of inflammation, in many cases where the secretion of the stomach becomes acid or morbidly changed—in the reversed muscular action of the stomach producing vomiting, or of the duodenum throwing bile into the stomach—in the altered secretion of the kidneys under the various calculous diatheses—and still more in diabetes.

It is not always easy to draw the line between the simple excess or defect of natural action and the state of inflammation; for it cannot be doubted that very often an increase or a diminution in the function of any organ is a prominent symptom of inflammatory action: still, however, there is an essential difference between these states. In inflammation there is always something superadded to the natural action, beyond a mere deviation in its degree or intensity: an impulse, or a mode of action essentially new, is introduced, frequently attended with constitutional excitement, betraying itself by the character of the pulse, and tending not only to increase or to diminish the customary action and secretion of the vessels of the part, but to alter their action, and ultimately to produce fixed results which approach each other, whatever the organ affected may be, although these results suffer modifications from the nature of the action properly belonging to the part affected.

Thus, as I have just observed, the activity of the kidney, as regards its function, may be increased or diminished so as to produce the most remarkable deviations in the quantity of urine secreted;

or its action may be so perverted that new combinations may be produced, and ingredients altogether foreign to the natural fluid may be generated: yet there may be no one plea from pyrexial effort in the constitution, from the state of the pulse, from local sensation, or from any other admitted symptom, to pronounce the existence of inflammation. The same may be said of the liver—the same of the intestines; and when submitted to the most careful examination after death, not even increased vascularity may be traced, and no evidence may be discoverable of those results which genuine inflammation always tends to produce; no accumulated serum—nothing like adhesive process — nothing like the deposit of lymph—no tendency to the secretion of pus, nor any signs of suppurative or gangrenous disorganization. We cannot, therefore, with any propriety, consider these actions, however excessive or however changed they may be, as inflammatory, unless we wish to confound all action under one common term.

When simple inflammatory action exists, for a certain period proportioned to the severity of the action and the nature of the part, nothing beyond functional change is induced, and the vessels are capable of resuming their natural state. In the progress of this morbid action, however, either serum or fibrin is thrown out; but even when this is the case, if the inflammation be speedily subdued these substances are capable of being absorbed, so that the parts may return very nearly to their natural state. Should the inflammatory action be still more severe, or still more protracted, organic changes of a most marked kind take place, to an extent defying the action of the absorbents; and it is fortunate when the powers of organization can reach these effused substances, so that they may become incorporated, as it were, with the healthy parts; for then, though they may in some degree impede the functions of the organ, they are less likely to set up fatal irritation, or produce suppuration in important structures.—The organized results of inflammation shew themselves in adhesions, in the opacity of membranes, and in the thickening of organs by interstitial deposit; and very beautiful it is, in some cases where inflammatory action has produced effusion, to observe the progress of vascular organization, the fine filamentous union, first without marks of vessels, then gradually injected by vessels which seem like the returning bending of the capillaries, pushed forwards into the newly-created nidus, and distended by the additional impulse, till they carry red instead of colourless particles; and these bow-like vessels advancing till the membranous substance becomes completely organized. — But when the powers of absorption or of organization cannot influence the substances which are thrown out, we find permanent effusion produced, either of solid or of fluid matters, which produces irritation, renewed inflammation, and suppuration; or, as the effects of the primary inflammation, we may have the suppurative process, ulcerative absorption or gangrene, produced: and again, as the result of inflammation, we occasionally find the balance of the nutritive and absorbent vessels destroyed, and natural structure absorbed.

There is a species of morbid action which is so universal in its influence, and so little confined to any one set of organs, or, as far as we yet know, to any particular tissue or structure, that it is necessary to advert to it as a separate morbific influence; and that is what we style MALIGNANT action. There appear to be several modifications of this influence, marked by varieties in the changes they induce, and which are sufficiently distinct in their most characteristic forms, but occasionally run into each other so as to be completely mixed and confounded. The three most distinct varieties are the scirrhous, the fungous, and the melanotic actions. These malignant diseases are truly constitutional, but on what state of the body they depend, either chemically or pathologically, we are, as yet, quite unable to point out. It is, however, not to be disputed, that as in some individuals gout or erysipelas will succeed to even slight injury, so there are others, in whom common inflammation having been excited, the result will be malignant action; and, in some individuals, the constitution seems so completely prepared for the development of this action, that we find the marks of its agency spread most universally over the body. Not only do we discover it in external parts, but almost all the internal viscera in their turn become affected with it; sometimes communicating from part to part by the obvious course of absorption, sometimes passing from organ to organ by contiguity, and sometimes arising in various irritated parts, apparently depending on a general tendency to the disease. We are naturally led to suppose that morbid changes so marked should constantly originate in some particular tissue; and if this be the case, I should be inclined to assign the locality of its invasion to the cellular membrane connecting the firm parts of other structures. The investigations of Dr. Hodgkin, upon the subject of the anatomical structure of malignant growths, serve to shew that, in many cases at least, a regular cellular arrangement is assumed by them, which he compares to combinations of reflected membranes, and ascribes to a peculiar power of growth arising from the diseased action. It has seemed to me probable, when considering the structures which he has so beautifully demonstrated, that the disease is first set up in the natural meshes of the cellular membrane, which is universally distributed; that the ordinary serous secretion of those minute cavities becomes changed to that more viscid character which approaches closely to the appearance of mucus, or the more firm opaque substance of the cerebriform cancer, or the sanguineous secretion of fungous hæmatodes, or the ink-like deposit of melanosis;—that this state of diseased action communicating from cell to cell, the natural cells become enlarged and their parietes thickened, gradually involving in the disease whatever structure they encounter. Thus, in parts where the cellular membrane is loose and diffused, as in the ovaries, in which there is likewise a natural tendency to form cysts, from the peculiar functions of the part, these cysts become greatly distended; where, on the contrary, the surrounding parts are less yielding, they are compressed, and where they meet with other organs, these become involved, the disease intimately pervading their structure, possibly still introduced through the medium of the cellular membrane, whose natural, almost aerial secretion, becomes changed by contiguity into the same morbid secretion, whether it be mucous, cerebriform, sanguinolent, or melanotic: certain it is, that occasionally, in examining tumors of a much milder character—even common steatomatous tumors—the same structure, or one very much resembling it, may be traced in them as in tumors of malignant growth, but the lobules of which it is composed give an impression that the cellular adipose membrane has, by a more partial and confined action, been secreting a fatty matter instead of the peculiar deposits which mark the direful march of malignant disease. When we examine even ovarian cysts, where the circumstances allow the peculiarities of growth pointed out so beautifully by Dr. Hodgkin to display themselves in all their force and variety, we often find the mucous secretion not held within decided cysts, but lodged in cavities, whose crescentic margins seem to resemble the orifices which communicate between the cells of the cellular tissue, magnified and thickened by pressure and disease: but at the same time I am inclined to believe, that while much of the structure depends for its form on the natural meshes of the cellular membrane, in many cases additional cells are formed by newly-generated membranes; and that under other circumstances, even without the formation of such secreting cells, a peculiar vascular arrangement takes place, from which the malignant matter is rapidly deposited by numerous newly-formed vessels.

Supposing the cellular membrane to be the first point of attack of these malignant actions, we can explain their universal diffusion; while we can, to a certain degree, understand the great variety which their appearance affords, if we admit different modifications of the morbific influence. Where the secretion from the cellular membrane becomes glutinous, of a texture nearly resembling mucus, it gradually distends the cellular meshes, acting almost like an extraneous and comparatively mild fluid injected and very gradually accumulated in cavities whose parietes become thickened in proportion to the pressure they have to withstand. This glutinous secretion has little or no tendency to become organized, but remains in the form in which it is thrown out, distending the cavities in which it is received more or less, according to the structure of which they form a part. Thus we see this peculiar form of disease occasionally in various parts, as in the structure about the pylorus, in the mamma, in the glands, near Glisson's capsule, in the liver, in the kidney, but in none do we see its real nature so well developed as in the ovarian growths. It certainly at first view might appear singular that the cellular substance should not admit of a more diffused deposit of this fluid, seeing that the meshes in their natural state communicate pretty freely. This is, however, in my mind sufficiently accounted for by the nature of the fluid, and by the gradual character of the pressure, both of which tend to seal up the communication, and to distend the convex portions in such a way as rather to close than open the orifices of communication between the cells; and in point of fact we do find a very curious process often taking place in these ovarian tumors, the cell opening by a kind of process of absorption in such a way that when a portion of substance is gone, a clean, defined, and entire crescentic margin remains, looking very like the better organized portion of the original cell thus separated and left entire on the renewal of a newly deposited or feebly organized portion which has closed the orifice.

In other cases the product is of a character so totally different that were it not for the fact that the different forms of deposit are occasionally seen passing almost imperceptibly into each other, we should have great difficulty in perceiving any connexion between them. The matter which in these cases first occupies the cell is of a more opaque colour and creamlike consistence, and is certainly more capable of organization, so that the vessels of the neighbouring parts pass into it, and divide and subdivide in most minute ramifications. This is the true medullary sarcoma of authors; and if we take a small insulated mass of this deposit, such as we often meet with in the liver, and let a fine stream of water fall upon it, we shall find a large portion of the soft matter removed, and some parts left still attached to the finely divided vessels, many amongst which will be seen carrying red blood, and giving a bloodshot appearance to particular parts.

As the substance in which the fine vascular tissue developes itself is of soft and pulpy consistence, almost like brain, but more deficient in regular organization, and still less compact and firm in its texture, the vessels are very apt to give way, and then ecchymosis, more or less extensive, to take place, and such clots and masses of red blood being mixed up with the creamlike matter, all the varieties of hæmatoid fungus will be the result.

This medullary mass has within itself a vascular structure, exerting a kind of propulsive force; and though, while in very cellular parts, as those connected with the ovaries, we find it protruding itself into successive cells, which it distends, in imitation of the mucous and glairy secretion to which I have referred, yet in more solid parts, as the liver, we rather find it pushing the neighbouring parts aside, and involving and corroding the cellular structure, which quickly ceases to present a regular appearance of rounded cells; and as the mass becomes softened and broken down, can only be traced in the form of ragged fibres pervading the medullary growth.

Melanosis appears to bear a very strong analogy to the medullary and the hæmatoid fungus in the situation of its deposit, the mode of its increase, and the nature of its structure.

The genuine schirrus appears to occupy the same structure as the rest, but its growth is much slower, and the deposit of which it is formed is of a very different kind: it has none of that exhuberance of growth which belongs to the other forms of malignant disease, but gives rise to a slow successive deposit or growth, extending along the meshes of the cellular membrane, and every part contaminated becomes opaque and hard, so that you may in some cases, particularly in the liver, watch its preference to the cellular tissue in which it pursues its course, pushing aside the acini, and often by no means assuming the same regular almost spheroidal growth which marks most of the other forms of malignant disease. Still, however, as its progress is in all directions from every point where it is established, and there is probably a tendency in the vessels of the disease to form in diverging or radiated growths, the result is, that as the deposits enlarge, they assume a more and more spherical form.

Another morbid action as generally diffused over the system, and often scarcely less formidable in its results, though not so necessarily fatal, is that to which we give the name of scrofula. The much greater frequency of this than of malignant action, and the more decidedly hereditary character which it assumes, afford us more opportunities of observing the state of constitution with which it is connected, and has enabled us to exert a certain limited power over it, both in curing, and, what is no less important, in controlling it, and preventing its inroads. We have, however, here the same difficulty which exists with respect to other morbid actions, when we attempt to define its nature, or to point out the mode on which it influences the processes of life. We trace it in general to be connected with manifest want of power in the system, sometimes with a sluggish, dull action, in the capillary circulation, leading to congestion, but more frequently with a morbid tendency to excitement, displayed in the manners, habits, and more particularly in the personal appearance of the individual. This scrofulous action leads to most decided morbid changes in almost all the viscera of the body, and those of the abdomen participate largely in its ravages. It shews itself particularly in the absorbent glands, but is likewise discerned in the mucous apparatus, in the cellular tissue, in the muscular texture, in the solid viscera, in the serous membranes, in the bones, and in their various appended structures, and even in the recent organized products of ordinary inflammation. Its usual course is low inflammatory action, followed by deposit of matter possessed of a very inferior degree of vitality, and little, if at all, capable of becoming organized, but going gradually into a state of softening and suppuration.

The last peculiar action to which I would refer, which is a natural process, and becomes disease only as it is assumed by parts where bone is not naturally deposited, is the ossific action, which, though not very frequently recognized in the abdominal viscera, is very various in the localities it affects, and appears occasionally to be a result of secondary action consequent upon single inflammation, subdued scrofulous action, and even upon the malignant disease: thus we find bone developed in the serous membranes, in the spleen, and even in the substance of the absorbent glands, in the coats of the vessels, and in the structure of cysts formed by morbid action, and of tumors owing their growth to scrofulous or to malignant deposit.

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## INSECURITY OF VACCINATION.

[*The following letter has been sent us by the author, with a request for its insertion.*]

### *To the Board of the National Vaccine Establishment.*

GENTLEMEN,

IT is now upwards of twenty years since I considered that the proof of the imperfect protection obtained from the vaccine practice against the variolous contagion, had assumed such a character as to call for an immediate inquiry into the state of that discovery; and it cannot create any surprise, if, after the different steps I have judged it necessary to take, I should still continue to watch its progress, and that now, when severe cases of small-pox succeeding to vaccination are constantly occurring in great numbers through the whole of Great Britain, I should deem it requisite to address you again upon the subject.

I assure you, gentlemen, that even at the period when I first published my sentiments, it afforded me infinite regret that proof had occurred to produce such a change in my opinion of the importance of the vaccine discovery; for no medical practitioner whatever—nay, not even Dr. Jenner himself—could stand more committed, both by his declarations and his practice, for the perfect protection to be obtained from vaccination against the influence of the variolous contagion on the human body; but still I could see no sufficient reason, either from my former conduct, the votes of Parliament, or the opinions of the profession in general, to withhold stating my sentiments, when they appeared to me so decisively convincing. This was all I contended for as being necessary in 1809, and it is all I contend for still, notwithstanding the accumulated, flagrant, and distressing proof of the present day; and I cannot possibly understand how any man, or any body of men, should continue year after year to issue such meagre, garbled, and unsatisfactory reports, as are handed in by the Board to his Majesty's Government.

You, gentlemen, and the whole medical profession, who have paid attention to the subject, must now allow that the vaccine discovery stands distinctly convicted of being an uncertain, feeble, and temporary antidote against the influence of the variolous contagion; and that not only all our fond hopes of being able to prevent the occurrence of the dreadful scourge of small-pox, but even in those who have been vaccinated, of rendering such mild and safe, must be abandoned. If this, then, is the fact, how must the individuals now feel who have placed their confidence in this practice for their protection? The very idea is distressing in the extreme; for even with the greatest care and caution they must not only stand constantly exposed to an attack of small-pox, but that attack may be of the most dangerous nature, and every relation in society placed in the most singularly distressing circumstances. From the length of time the practice has now existed, the ties of husband and wife, father, mother, and child, may be all dissolved in the most unexpected and lamentable manner; and at present, in place of resting with confidence in the protection of the vaccine practice, there is no one but must, and does, if possible, fly from the variolous disease whenever it approaches him. If this is really the state of matters, and which I aver it can distinctly be proved to be, and when now every excuse which was formerly made use of to account for the inefficacy of vaccination must be abandoned, as most frivolous and vexatious, and deserving of no attention, it is not possible to perceive the shadow of a reason why the Board, who were formed in order to watch over the public safety, and not to protect vaccination at all hazards, should abandon their duty, and not feel it imperative upon them to institute such an inquiry as shall obtain conclusions capable of satisfying the public. But if such an inquiry cannot possibly be expected to emanate from a Board who have a yearly fund of 2000*l.* for their services, the subject should be taken up by the profession in general, and more especially too by Government, who might consider saving at least 1500*l.* per annum, by reducing the grant to 500*l.*, not below their notice, when the natural consequence would be what I am contending for.

I apprehend, gentlemen, it is at the present day unnecessary either to waste your time or my own in giving any detail of the proof which these averments admit of; but previous to laying before you the points which now appear to me to require our immediate attention, I beg to state, that before adopting the Jennerian practice I had *inoculated* nearly 2000 cases, and only lost two; still I did not hesitate to adopt the vaccine practice when stated to possess such advantages, and I was the third medical practitioner in Scotland who used the vaccine virus. After having vaccinated about fifty cases, and re-inoculating them, and otherwise exposing them to the influence of the variolous contagion immediately after they had been vaccinated, and finding they perfectly resisted these tests, I did not hesitate to abandon inoculation, and continued one of the most zealous and determined advocates of the Jennerian discovery, until 1808-9, when the proof occurred, which proved to my mind that it was not the antidote we all so fondly imagined, but that it would be ultimately found an *uncertain*, *feeble*, and *temporary* protection, against the influence of small-pox contagion.

Until this proof occurred I had not perused Dr. Jenner's publications upon the subject; but what was my astonishment to find that every thing therein stated not only did not contradict, but was quite in conformity to, the proof which I had met with; so much so, that if I had perused Dr. Jenner's works before adopting his practice, I should certainly have proceeded with more caution, and would have seen it somewhat in the same light with the late Dr. Alex. Monro, who, when I stated to him that I had abandoned the practice of inoculation, remarked that his opinion of the Jennerian discovery was, "that it ought to be prohibited by Act of Parliament." Although I know the Doctor was not afterwards able to resist the prodigious accumulation of proof in its favour, and became a convert to the practice, still his first declaration shewed, that as far as his acquaintance with the animal economy went, and his knowledge of the science of medicine, his impression was, that it was an experiment likely to prove complicated and unsatisfactory in its results; and it will, I am afraid, be proved, that the profession ought to have proceeded with more caution and circumspection before they placed such unlimited confidence in the discovery, for at the present moment we have very nearly arrived at the state Dr. Monro anticipated; and unless something can be done to secure the public confidence and comfort, the practice *must really be prohibited by an Act of Parliament.*

The results, gentlemen, of vaccination, at the present moment, may be stated to be, that few or none will be found to resist the influence of variolous contagion from ten years and upwards, after having been vaccinated, if they are effectually exposed to a severe case of small-pox; or, in other words, to repeated contact with a case where there is a numerous eruption; for it is very unjust, and a great mistake, to pretend to draw an opposite conclusion, where the eruption is scanty, and the whole disease mild,—for it ought to be well known to the medical profession, that one of the methods used by the people to secure a mild disease to their children, was to bring them in contact with such mild cases, and a similar disease was generally the consequence. Now if this was found to follow, where no means of protection existed, it is not in the least surprising, where protection is in some degree obtained from the remaining vaccine influence, that a great activity of variolous contagion is required to produce any effect upon the system. Again, many of the cases of small-pox after cow-pock are so very severe as not only to propagate the disease through several children of the same family, but also to communicate it to others, producing not only many of the usual consequences of the natural disease, but even death itself, to the extent of at least 1 in 150, and all these consequences increasing in a ratio proportioned to the distance of time from the introduction of the disease.

As, gentlemen, the chief objection and doubt of the medical profession to the perfect efficacy of the vaccine disease affording complete protection against the variolous contagion, arose chiefly from its very great mildness and trifling derangement of the system, I uniformly endeavoured to produce as severe a disease as possible, and for this purpose always vaccinated in two places, only distant from each other so as that the areola of both influenced one another, being very solicitous for this purpose that both punctures should take; and to effect this, I always, if possible, used virus in its most limpid state, and taken when the areola was extensive and bright. I introduced the virus either in its natural liquid state, or rendered it so, but as little diluted as possible. I grasped the arm in such a manner as to stretch the skin, and render it firm; I then with a lancet not very sharp introduced the virus, holding the point quite perpendicularly, dipped it into the cutis quite superficially, and proceeded moving its point backwards and forwards, as it were scratching to the extent of two or three times, so as to distil the virus into the wound, the whole vaccinated part being about the third of an inch in length. Next day I ordered a strip of fine flannel to be put round the arm, and retained there until the punctured points gave indication of active inflammation, but before the vesicles were formed: the flannel was then taken off, and if necessary, more or less extent of areola and size of vesicle was endeavoured to be obtained, by increasing the heat of the arm and body.

Although I am quite satisfied that this mode of conducting vaccination will extend its protection as far as possible, still I am convinced there is no mode of giving the disease, in the way of puncture, (what may be done by our becoming milkers, I cannot say,) that can render its effects on the human body permanent and perfect. I have met with cases of small-pox succeeding to vaccination, where four, three, two, and one puncture had been used, and the cicatrices of every appearance,—and still the length of the period of protection and the extent of the modification were the same, and of every variety; but these consequences, as I have already stated, may be very much influenced by the severity and extent of the variolous contagion to which they shall have been exposed.

What, then, gentlemen, is to be done for the public comfort and safety? I apprehend it is impossible to place any confidence in re-vaccination, although it is what has been practised by many of the profession; for, independently of the glaring absurdity of continuing to place confidence in a practice which stands convicted of insecurity, and requiring a frequent repetition, still I can venture to assert that the regular vaccine disease can never be again obtained, if the first has been satisfactorily conducted, so as to warrant the conclusion that the constitution has been a second time more or less influenced, and without that proof no additional security can possibly be conferred. It is not difficult to understand how the vaccine disease may secure the human body against a repetition of its own action, but we cannot so easily comprehend how, if none of the characteristic phenomena are present, a further security can be conferred by such re-vaccination—against a disease, too, of the most virulent and opposite description, although some very zealous advocates for the perfection of the vaccine disease do not hesitate to assert that the cow-pock is even the original disease!

I would, gentlemen, dismiss this expedient as really useless and contemptible, and place our hopes of being able to continue the practice of vaccination in having recourse to *re-inoculation*. In conducting this practice, it will be found that by introducing the variolous virus from six years of age and upwards, there is nearly an equal chance of not only a regular pustule being obtained, but also feverish symptoms, and if such shall be the effect of the re-inoculation, the greatest confidence may be placed in the additional, and even perfect, security thus obtained; for surely, if we have placed confidence in vaccination in the first instance, where no distinct constitutional affection could be detected, we may place much more where such affection of the system is evident, more especially, too, when such constitutional derangement is produced by the disease we mean to oppose. But if these symptoms shall be followed with an eruption, however small in number, the most perfect confidence may be placed in the security thus conferred, and this constitutional effect, accompanied with more or less of an eruption, may be expected to follow pretty frequently, if re-inoculation is employed as a means of security, from ten years and upwards, after vaccination. No apprehension need be entertained by, or excited in, the parents in adopting this expedient, as in every instance it will very seldom be attended with much distress, and, as far as my experience goes, with no danger; for although the application of the epidemic contagion may produce dangerous effects at this period, still, when applied in the form of inoculation, the disease produced is quite mild and safe, and the consequences most satisfactory. It is very extraordinary, and much to be regretted, that there are medical gentlemen of experience and character still to be found who hesitate to recommend re-inoculation at any period from vaccination; and those who consent to such a practice still make no distinction as to the distance of the period from vaccination; when they ought to be quite aware, that the vaccine influence gradually loses its power over the system, and, if they either advise re-inoculation at a very early period, or within six or eight years after being vaccinated, no effect at all, or at most so very trifling, that no further security and satisfaction can be imparted.

Indeed, gentlemen, the state of this question has always appeared to me somewhat different from that entertained generally, either by the profession or the public; for it is not exactly how far a greater number of lives may be saved to the community, but how any individual should feel in the after progress of life, in having the security of his existence depending upon so precarious an antidote; nor can I see clearly how parents can conceive they do their duty to their children, who out of mere feelings of ease, and distant apprehension to themselves, place their offspring in a situation that leaves them, through the whole of life, a prey to the most distressing anxiety and alarm. But even this prop is now taken away; for, as I have already mentioned, there are now more who die after placing their security in vaccination, than died when it was the practice to inoculate; and from the want of confidence in the Jennerian discovery, for many years past a great proportion of the community have used no means whatever for their protection, and great numbers actually fall a sacrifice to the variolous epidemic. In short, the whole benefits so sanguinely expected from the Jennerian practice are, at the present moment, nearly entirely forfeited.

It is this distressing result, gentlemen, that has made me now address you: I really cannot perceive the shadow of a reason for your not considering it an imperative duty to take immediate steps for arriving at such conclusions as will enable the public to feel and act in this perplexing dilemma. It is quite obvious to me that the subject should have been taken up long ago, and thereby many very distressing accidents might have been avoided: it surely neither indicates judgment, nor feeling, in so highly important a concern, only to yield to the most glaring evidence and the most disastrous facts. I certainly hold the profession guilty of all the distressing occurrences which have resulted, or may result, from no regular inquiry having been instituted; and rather than go on floundering in such a chaos of confusion and contradiction, it would be better, both for individuals and the public in general, to give up the Jennerian discovery at once, and return to inoculation. There are not now many medical gentlemen well acquainted with what inoculation was. The extent to which the practice had attained immediately preceding the introduction of the vaccine discovery, was, that every individual who composed the rational and intelligent part of society availed themselves of its advantages, seized the opportunity of snatching their offspring from the desperate chance of one in five against their existence, at only the hazard of one in five hundred, and nearly the same chance of avoiding any other distressing consequence; and all these benefits too, notwithstanding the very astonishing, careless, and opposite treatment of the disease. I think there cannot be the least doubt, had the necessary exertions been made, that the practice would have been rendered more easy in every particular, and have become so universal as to have rendered the epidemic disease quite insignificant, if not extinct; for here a virus was taken from the disease you meant to combat—it produced one possessing all the leading features of the original: there was no dubiety about the qualities of the virus—there was no necessity for the distinction of perfect and imperfect inoculation—no uncertainty of constitutional infection—the medical practitioners were not reduced to the necessity of explaining facts, as suited the peculiarities of the case—and above all, both parents and children were for ever at rest upon the subject.

I assure you, gentlemen, no one can wish more sincerely to avoid this conclusion than I do, but still the only and best way to avoid it is—an inquiry into the present state of vaccination; and I hope and trust his Majesty's ministers will at last see the necessity of interference; for although they and all parties stand committed by the pecuniary grants of parliament, still, much greater sums have been granted with far less pretensions, and at all events can never afford any reason for persevering in so dangeous an error.

Your obedient servant,
Thomas Brown,
Musselburgh.

May 21, 1833.

## VACCINATION IN HOOPING-COUGH.

*To the Editor of the Medical Gazette.*

SIR,

SOME time ago a letter was published in your valuable journal, vol. viii. p. 46, from a correspondent, signing himself "H. M. M." on the efficacy of vaccination in arresting the progress of hooping-cough, in patients who had not been previously subjected to the former disease. Your correspondent encouraged us to hope for an account of some cases in which he successfully treated the cough by that means; and you in a note expressed a wish to receive them, in which I trust you will allow me, though so long afterwards, to join you, as they have not yet appeared.

In Dr. A. T. Thomson's interesting lecture upon hooping-cough, reported in your Gazette, vol. vii. pages 801—807, we are informed that the practice of vaccinating for the cure of the hooping-cough was first suggested in Germany, and that it is said to have been confirmed by some more recent experience in America. The doctor justly remarks that the remedy (although proved valid) must be of very limited utility, as it is not likely that vaccination should be delayed, with the risk of small-pox being taken in the interval, in order to keep it in reserve as a remedy for hooping-cough; but I am sure that he will not on that account depreciate its importance in the distressing and unusually dangerous case of *very young infants*, who occasionally suffer from the cough, and not uncommonly fall victims to its severity.

Since the publication of the letter from H. M. M., only three opportunities have occurred to me of putting to the test of experiment the power of cow-pock to arrest hooping-cough, and it succeeded in them all.

The first was the son of P. B. Esq. one of my personal friends, a child of one year, who had for some weeks been afflicted with obstinate fits of coughing, and slight spasmodic effort in the next subsequent inspirations. I requested his father to confide in me, that the infant should come to no harm, and, without giving it any medicine, to await the hoop. This child at length hooped decidedly during three or four days, so that I had no longer any doubt of the nature of its disease. It was then vaccinated, and cured completely within the week.

The next case was an infant, under two years of age, the child of Major Fitz-M. who had very recently lost a still younger babe from the disease. The little patient had been suffering from it for two months and upwards; and neither she nor the deceased had ever been subjected to the cow-pock. He was going into Yorkshire immediately, and I advised him, as soon as he got there, to allow it to be vaccinated, which was done, and he has since informed me that the cough was completely cured by the eighth day.

My third case was a dispensary patient for fractured radius, a boy of three years old. He was brought to me about four months since, and had then been suffering from the cough for as long a period. I vaccinated him, and he ceased to hoop as the cow-pock vesicle attained its acmé; a very slight cough remaining, however, when I last saw the child, a fortnight afterwards.

Dr. Thomson particularizes the third week from the commencement of the hoop, as the proper period for vaccination: the evidence of the above cases would extend that period without limitation; but I am far from offering them as sufficient to establish more than the propriety of trying the efficacy of vaccination, in every case of hooping cough which has not been preceded by the cow-pock, or variola. My own practice is to decline vaccinating infants, unless under circumstances of exposure to the variolous infection, until they attain the age of eight or ten weeks, when the *red gum* is probably disappearing, and the process of *teething* is still to be commenced; and it is at this early age that many a life, we know not how valuable, is lost from hooping-cough—to such tender sufferers always a very formidable disease.

There is a very rare complaint, of which I have seen but two or three instances, and only one that terminated favourably. It consists of nothing else but the hoop, or a more violent spasm, producing death, without any cough preceding it. In the successful case to which I refer, the cough was produced after some months, and the child was soon cured. In the others, although they continued as long a time, no remedy appeared to be of the least avail. It would be exceedingly interesting to ascertain whether vaccination be a cure for this frightful and most fatal disorder.

I am, sir,
Your obedient servant,
T. W. Chevalier.

62, Torrington-Square,
May 27, 1833.

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## GANGRENE OF THE LUNGS—CASE OF RECOVERY.

*To the Editor of the Medical Gazette.*

Sir,

As the following case appears to me to be rare, both as regards its occurrence and its termination, I send it for insertion in your valuable journal.

I am, sir,
Your obedient servant,
J. Wyatt Crane, M.D.

Old Cavendish-Street,
June 2, 1833.

On the 24th October, 1832, William Christie, aged 29, a saddler, living in Carrington-Street, May Fair, was admitted a patient of the St. George's and St. James's Dispensary, under my care. On going to visit him at his house, I learned that he had laboured under dyspepsia for about five years; that two years ago he suffered an attack of pleurisy, since which he had never been free from cough; that though, for the fortnight which immediately preceded his present attack, he had returned to his work, yet for the four months prior to that period he had been under medical treatment for hæmoptysis; that up to the time of his seizure he had lived very regularly, and had been exposed to no cold or moisture; and that on the evening of the 23d October, after having partaken of some light supper, which was not usual with him, he was attacked, about 11 o'clock, with violent vomiting, which, when the ingesta were discharged, consisted of a limpid fluid (not unlike the cholera rice-water), to the amount of about a wash-hand basin nearly full, before the vomiting ceased, at five in the morning. He was likewise affected with pain under the left breast, dyspnœa, and aggravation of his usual cough. A gentleman in the neighbourhood was called in, who bled him, applied a large blister in front of the chest, and administered some medicines.

On entering his room, I found him in bed, lying on his back, propped up by pillows; face congested about the forehead and eyes, from the vomiting; dyspnœa and pain in the side diminished; cough and expectoration troublesome; inability to lie on either side; bowels constipated; pulse full. I prescribed a cathartic, and put him on the use of the tartrate of antimony, beginning with gr. ½ in ℥jss. of vehicle, to be taken three times a day. On the 29th he again complained of the pain in his left side, for which I ordered him a blister and increased the antim. tart. to gr. iss., taken as before. On the 31st, the symptoms having persisted, the dose was increased to gr. ij. three times a-day. This treatment was continued to the 5th November, when the tolerance of the medicine ceased; at which time a great change took place in the symptoms, a most offensive gangrenous fœtor being diffused through the room by the cough, breath, and sputa — which last, from their previous state of mucus, now became of a greenish-yellow purulent appearance, alternating or mixed with a reddish-brown.

The debility, which had been extreme from the first, became now more marked, and the pulse smaller and more frequent; the countenance was pale and sallow; the cough and expectoration incessant; decubitus as before, only on the back; the tongue, however, was clean and moist, and the patient had a slight appetite. The chest sounded remarkably clear on percussion, and, when measured by my friend Dr. Burke and myself, was found to be equal on both sides; but the lifting the patient upright in bed gave rise to such a prostration of strength and violent fit of coughing, that we feared he would not have rallied after it: he was therefore not again moved for auscultation or any other purpose. The stethoscope was applied to the front of the chest by Dr. Macreight, Dr. Burke, and myself; but nothing was detected, more than occasional *râle muqueux*. I do not, however, present the examination by the stethoscope (at this time first applied) as by any means a complete or accurate one; as, independently of the position of the patient,—on account of the horrible odour it was found impossible to remain for the necessary time in close proximity to him.

The symptoms now unequivocally announcing gangrene of the lungs, I felt at some loss about the fitting treatment, but prescribed a demulcent mixture, containing Oxymel Scillæ and Tra. Opii, with pills of Sulph. Quina, gr. j. three times a-day; regulation of the bowels, when confined; and any mild nutritious diet which he might fancy. The room, too, was fumigated with cloths dipped in a solution of chloride of lime, and hung in various parts: they were found, however, to be quite ineffectual in overcoming the odour; I therefore had saucers, containing the dry chloruret of lime, placed on the top of the bed and on the shelves at the top of the room, and an acid constantly added to disengage the chlorine. Even this, however, did not prove efficient in completely purifying the apartment—the insupportable odour was so constantly emanating from the breath, the cough, and the sputa.

On the 8th November, ung. antimonii tart. was ordered to be rubbed over the front of the chest, and on the 12th six leeches were applied, for pain under the right breast.

On the 14th December, there being no alteration in the symptoms, I omitted the mixture, continuing the pills and increasing the quantity of quinine to 2 grs. three times a-day. I also prescribed the inhalation of chlorine, 15 drops of the saturated solution, five or six times a-day. The first time this was used it created some slight irritation, in consequence of which, I combined it with Tr. Hyoscyami, which last was soon discontinued, and the quantity of the chlorine increased gradually to 30 or 40 drops. Soon after this treatment was commenced the cough became less troublesome, the odour was diminished, the reddish-brown sputa became less frequent, and the patient appeared to be a little stronger; decubitus still only on the back, and greenish-yellow sputa constantly present. The amendment of he patient now continued gradual.

On the 21st January he was enabled o lie for a short time on his left side, nd to sit up a little while. The inhalaion was omitted for a few days; when he sputa again becoming very ofensive, and mixed with reddish-brown n small quantity, it was resumed, and he other treatment continued.

On the 15th February he was so far recovered as to walk from his house, in Carrington-Street, to the Dispensary, in King-Street, and back; and was able to lie, without inconvenience, on his left side, though not on his right. The cough, very much diminished in frequency and violence, continued, and the matter expectorated still presented the greenish-yellow appearance, though the bad odour was now very faint. At the beginning of April he returned to his work, at which he has remained up to the present time. He is still troubled with a slight cough—not oftener, however, than four or five times in the course of the day; the character of the expectoration is quite changed, being destitute of odour, and in appearance merely mucus. He lies indifferently on either side, though more comfortably on the left than the right; has a good appetite, sleeps well, and considers himself to be in a stronger and better state of health than he has been in for two years.

Laennec states that he has seen several cases terminate favourably: he has not, however, given the particulars of any. On searching into the books in my own library, I find a favourable case quoted from the Revue Médicale, in Dr. Johnson's Journal, vol. ix. new series, p. 168; and there may be other cases on record, for I have not had an opportunity of referring to any other works than those immediately within my reach.

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Since the above was written, I find, in the *Gazette des Hôpitaux*, of the 28th ult., an account of five cases of gangrene of the lungs, treated at La Pitié, by M. Le Baron Louis; two of them terminated in recovery. M. Louis considers fumigations of chlorine as one of the best means of treatment. Like many other French pathologists, he is of opinion that gangrene of the lungs is analogous to *pustule maligne*, and that it is not consecutive to inflammation. In the case which I have detailed, it appears to me to be doubtful whether the inflammatory symptoms resulted from the gangrene, or the gangrene from the inflammation: I rather incline to think that the former was the case, as the patient had been exposed to none of the causes of pneumonia or pleuritis, and the symptoms seemed rather to indicate a partial than a general inflammation.

J. W. C.

## SUGGESTED AMENDMENTS OF THE APOTHECARIES' ACT.

*To the Editor of the Medical Gazette.*

SIR,

THAT there are defects in the Apothecaries' Act of 1815 cannot be denied, and that some alterations and additions to that Act might be made with benefit to the public is equally manifest; but the Apothecaries' Company cannot be expected, with the experience they have had of parliamentary proceedings, to introduce the subject to the consideration of the legislature. That body, in the year 1825, endeavoured, through the present Lord Chancellor (then a member of the House of Commons,) to remedy some of the defects of the Act of 1815; but their intentions, after incurring a very great expense, were defeated by a clause which was added in the House of Peers, restricting the benefits of the measure to one year. At that time the Scottish authorities attempted to procure for their graduates and licentiates the same privilege as they are now seeking to obtain—the right, namely, to practise as apothecaries in England; and although they did not accomplish their purpose, they were not altogether defeated, since it may be imagined, although it may not be said, that this restricting clause was the result of Scottish influence, and that the hope of having another opportunity of trying their luck was the secret motive for suggesting such a clause. The Company, however, grown wise by experience, and perhaps aware of the true intent of this Scottish manœuvre, have not since afforded them such an opportunity. As the subject is now again likely to be brought before parliament, I think there can be little doubt that the Company would manifest, if applied to, the same disposition to concur in amendments, as they evinced in originating the bill of 1825; and if the Act passed in that year could be revived without the limitation clause, it would remove many of the inconveniences resulting from the Act of 1815; but in order to render the measure more complete, I would suggest the following additions; namely, clauses

1. To reduce the apprenticeship from five to three years.
2. To render any person eligible to be examined who had been for three years an articled pupil to a physician, and who should give satisfactory proof of a sufficient medical education.
3. To render eligible for examination any doctor of medicine who had taken his degree at a university requiring a residence of not less than three years.
4. To require that every person, previously to his being bound as an apprentice, should give evidence by examination of his being sufficiently well acquainted with the Latin language.
5. To impose a certain penalty on any apothecary who should employ, as a *visiting assistant*, any person not qualified to practise as an apothecary; and to impose a certain penalty on any apothecary, or chemist and druggist, who should employ, as a compounder of medicine, any person who had not received a certificate of his qualification to act as such assistant.

If you concur with me in thinking that these suggestions would be improvements on the present state of the law, perhaps you will insert them in your journal.—I am, sir,

Your obedient servant,
AMICUS.

May 28, 1833.

## APOTHECARIES' REFORM — REMARKS ON MAXILLA INFERIOR, BY MOLARIS.

*To the Editor of the Medical Gazette.*

SIR,

YOUR correspondent Maxilla Inferior is an amusing person. After threatening the week before, that "he'd do, and he'd do, and he'd do"—after promising, in short, that he would "seize the lion in his den," (his very words, as I remember), he comes down on Saturday last to the combat, with a pair of *horns*, which he acknowledges to have borrowed for the occasion. Let us see what these same weapons of offence are made of,—for there is not the least danger in catching hold of them.

The horns, then, of Maxilla (always *Inferior*, as he modestly announces himself,) are presented to us in the shape of the following dilemma. The question is about the provincial education procured under the regulations of the Society of Apothecaries, and this is the formidable reply put into the mouth of the Scotch Colleges by Maxilla :—

"Either this provincial education is better than the Scotch, or it is not. If it *is* better, the Scotch licentiates *will not succeed* in competition with their English rivals. If it be *not* better, *it must be worse*, and ought not to be supported by law, to the obvious detriment of the public."

*Horn* 1. How know you, good master Maxilla, that men of inferior education *will not succeed*, under the new regime, in competition with men better educated? Is it so at present, as regards the medical profession? Or has it ever been so? Or is the new Apothecaries' bill to breed a radical reform in human nature? And are the St. John Longs in future to stand upon their intrinsic merits, and be estimated by the public according to the real knowledge they possess? Why, if this be the case, there is no room for further argument about the matter: an act, sir, which *will* be followed by such desirable consequences, as your correspondent says, can want no further recommendation. But Maxilla does not see that in brandishing this assertion by way of an argument, he assumes the whole matter at issue.

*Horn* 2. This is the most amusing *non sequitur* I have met with for a long time. So if a thing is *not better* than another, it must be *worse:* it cannot be equally good! Because 3 is not equal to 3½, therefore it must be less than 3! Oh, Maxilla Inferior! is this one of the weapons with which you go forth to attack the lion in his den? Have you no nails, or *teeth* (with all your *nom de guerre)*—nothing but these buckram horns to grapple with?

It is clear, sir, that Maxilla is "*sans* teeth," or in the state of second childhood, when he has recourse to such nonsense, with a hope of supporting that side of the question which *(invitâ Minerva)* he has undertaken to advocate. His play upon the word "sufficient" (in the Apothecaries' Act), which, after his invincible dilemma, he condescends to toss in a variety of curious ways—striking the eye with the frequent repetition of italics, is a sad exhibition of puerility. And I may add, as I have alluded to the italics, that he quotes in the beginning of his letter the following words of the memorial to Lord Melbourne: that "their regulations have most essentially improved the schools of medicine in England, *as well as the state of medical science in general*,"—as if he meant something deep by the style of his typography. I expected, sir, to find at least the clause in italics controverted: but no,—"blessed are those who expect nothing,"—and the less, it would seem, from Maxilla *Inferior* the better.—I am, sir,

Your very humble servant,
Molaris.

June 3, 1833.

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## ANALYSES AND NOTICES OF BOOKS.

"L'Auteur se tue à allonger ce que le lecteur se tue à abréger."—D'Alembert.

### *The Cyclopædia of Practical Medicine.* Part XVI.

It is with much pleasure we observe that this national work is going forward cleverly and steadily. The present part contains from Paralysis to Plethora inclusive. Of the article Paralysis, we will take leave to say that it reflects upon its author, Dr. R. B. Todd, a very high degree of credit: he has treated his subject with ability, skill, and research, leaving little to be desired. Dr. Hope's article—Pericarditis, also possesses much merit. And if we were to point out any other part of the present number specially deserving of commendation, we should lay our finger on Dr. Carswell's—Perforation of the Viscera. By the way, we wish some less objectionable dictionary headings had been adopted, in respect to the last-mentioned and certain other articles in the work: few inquirers would dream of looking for matters here treated under the trivial titles which some of them have got. Death by lightning or drowning, for example—who would expect to find under "Persons found dead?" The probability, in this latter instance, is, that the title "Dead," or "Death," which would obviously have been the proper one under which to treat the various kinds of dissolution, was overlooked in the early numbers, and "Persons," in consequence, adopted as a *pis aller*. This ought to be rectified by a copious verbal index—which we would suggest the propriety of giving along with the last part. We have only further to remark, that not a few of the articles appear to us rather inordinately long: let the Editors exercise their prerogative of curtailment in due time, or we doubt if they will be able to bring the work to a close, as they promise, within twenty parts.

*Hortus Medicus; or Figures and Descriptions of the more important Plants used in Medicine, or possessed of Poisonous Qualities; &c. &c.* By George Graves, F.L.S. and J. D. Morries, M.D. Edinburgh.

This work, of which two fasciculi are now before us, recommends itself by the very creditable manner in which it is got up. The plates are well executed, beautifully coloured, and accompanied by letterpress in which all that seems needful for the medical inquirer is set forth. From the works of Orfila, Christison, and other eminent toxicologists, ample illustrations of the principal vegetable poisons are selected, while for the medicinal plants and their virtues a host of botanists native and foreign are quoted as authorities. If we be rightly informed, that the *Hortus* is not to exceed four fasciculi, making altogether no more than a single thin quarto volume, the compactness as well as the goodness of the work can hardly be too much praised.

*The Dissector.* By R. Dewey Forster, Surgeon. Part I.—Accompanied by *The Demonstrator.* Part I.

The anatomical arrangements in the Dissector are ingenious—but not very original; for not only does the layer-upon-layer system of Dr. Azoux's man supersede any claim which Mr. Forster might set up as to priority of invention, but we recollect having seen some years ago a work on precisely the same principle as the one before us. This we have thought it necessary to say, in consequence of a statement in the preface to the Demonstrator. In the Dissector it is intended to represent all the parts of the human body as large as life (or death rather); and the first fasciculus gives the hand and forearm, so contrived that as we turn over the leaves we have the results of successive stages of the process of dissection. We have great doubts of the utility of all graphical works which tend to convey the notion that actual practical anatomy may be dispensed with.

# MEDICAL GAZETTE.

*Saturday, June 8, 1833.*

> "Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."
>
> Cicero.

## EDINBURGH SURGEONS—ENGLISH APOTHECARIES.

The Honourable Under-secretary for the Home Department must be very much amused with the simplicity of those who imagined that their representations on the subject of the Apothecaries' Act had produced any effect upon his mind, or led him to pause in his course of legislation. Lord Melbourne, indeed, acknowledged that the subject was one beset with difficulty, and requiring much investigation; but in the face of this declaration, a bill, with a copy of which we present our readers, and we believe the very one manufactured some months ago in Edinburgh, has been brought into the House of Commons; and, before what we now write be in the hands of our readers, will probably have passed through its second stage.

The contending parties in Edinburgh and London may therefore cease to issue any more manifestoes; those of the former are not necessary, and the latter are useless: if the bill be stopped in its progress, it will be by other causes than any rhetoric which they contain. For ourselves, we object to it on several grounds: first, that it is a partial measure, not proceeding on the broad principle of the public good, but got up in a corner to serve the Scottish Colleges, and please certain parties supposed to be more influential than the English Apothecaries; and, secondly, because we fear that the correction of a particular supposed grievance is to be looked upon as an indication that no general measure of improvement in the medical profession is in contemplation. It is on this latter ground that our only hopes are founded that opposition will be offered to it on the second reading. We have heard, indeed, that the language used at the Home Office is, "let us have this Bill now, and we shall not object to a general inquiry next season:" a mode of proceeding which appears to us very like hanging a man first and trying him afterwards. Besides, is the tenure of office so little precarious that any one should run the risk of committing an injustice now, on the doubtful contingency of being able to correct it hereafter? No; if there is to be any inquiry, let *it* come first, and legislation afterwards.

That there are several things in the Apothecaries' Act which are objectionable, we have always held, and we should have been well pleased to see them amended; but in what manner the admission of members of the Edinburgh College of *Surgeons* to practise *medicine* in England is calculated to effect this desirable object, we confess ourselves unable to perceive. It appears to us, that nothing short of a parliamentary inquiry into the state of the medical profession in this country would meet the exigencies of the case, or satisfy the great body of practitioners that their interests were fully attended to, and their just claims impartially weighed. Neither can we refrain from expressing our opinion, that the Society of Apothecaries, as representing the general practitioners of England, to the number of above 10,000—and as the body through the medium of which such great and increasing improvements have been effected in the state of medical education in this country—have not been treated with all the consideration which might have been expected; nor can we help suspecting that the government has been imbued with some tincture of that feeling which the Scottish memorialists display when they taunt their brethren in the south with deriving their subsistence from "a preposterous profusion in the prescription of drugs." This expression, as well as various others, in reference to the system of education now pursued in London, shews how little the Edinburgh memorialists are aware of the great changes which have been for some years in progress, and how much the "general practitioner" of the present day differs from the "apothecary" of former times—for whom they appear to entertain so profound a contempt. As an illustration of their ignorance with respect to the state of education, we may allude to their remarks about the length of the London courses, which they say seldom exceed forty-five lectures. Now the fact is so far otherwise, that the most important branches of medical science occupy one continued course, from October to May inclusive, at the chief schools in London. Nor can we look upon it as any advantage possessed by the Edinburgh school, that subjects differing so prodigiously in importance and extent, as do the various branches of medicine, should, in so many instances, be treated of at the same length;—that the "institutes of medicine," for example, and the "practice of physic," should each be made to occupy the same space; to effect which the former must be extended to the most wearisome and useless minuteness, whilst the latter must be at least comparatively elliptical and defective. The essential difference between the system of education in Edinburgh and London is this: that in the former (as the above fact with regard to the length of courses would imply) it is more abstract or theoretical; in the latter more precise and practical. The former is well calculated for men who have previously spent, or are afterwards to spend, a considerable time in hospital attendance; the latter is decidedly better adapted for those who are at once to enter upon the business of their profession. In other words, the London system sooner gives the student a practical acquaintance with disease; and this is only what might be expected from the great superiority of its hospitals. In Edinburgh there are 700 students, and one infirmary containing 250 beds: in London there are 1000 students, and numerous hospitals containing 2310 beds. In the former, the crowd renders it impossible for the student to become familiar with the disease; in the latter, the opportunities are abundant, and the field of experience ample enough for all the reapers. There is another point, too, in which the advantage in London is prodigious: we mean as regards morbid anatomy, many of the hospitals having theatres in which the causes of death are examined, and the pathological phenomena displayed in the most instructive manner. We protest, therefore, against the assumed superiority of the Edinburgh school; and we should have entered more into detail in regard to the manner in which the courses in London are conducted, had we not had occasion to enter very fully into the subject some months ago, in consequence of the learned lecturer on medicine in Gower-street having hazarded the extraordinary statement that the school to which he is attached was the only one in the metropolis at which extended courses were given on medical subjects.

From the copy of the proposed Bill, which we subjoin, we gather that it is intended to give the diplomatists of all the universities and colleges north of the Tweed the privilege of practising in England as apothecaries; and while the Edinburgh College of Surgeons is put prominently forward, that of London is altogether excluded. The mark of the cloven foot is here indelibly stamped upon the Bill, and the place of its manufacture convincingly betrayed. But it is quite clear that the matter cannot rest here. It is not to be supposed that the London College of Surgeons will fail to claim, or can possibly be denied, privileges with regard to England which are granted to their compeers in the north; neither would it be fair to refuse to the Irish College what was conceded to all other similar institutions in the kingdom. The result of this would be the total annihilation of the Apothecaries as an independent corporation; for while we should have one set of colleges granting degrees in medicine, and another set licensing in surgery, both branches would equally constitute the holder of their diploma an apothecary; for the power of practising as such should become an appendage of the other, which he might or might not avail himself of, indeed, but which, if he desired to do so, he would not have to seek elsewhere to attain. Had this arrangement been limited to the holders of diplomas in medicine, it would have been different; but the result of applying it to licentiates in surgery would be to bring back, in its full force, the evil from which we are but just escaping—we mean that of restricting the pupil's attention to the easier and more elementary branch of the healing art—and which, as it is at the same time the more striking to the senses, would, as heretofore, constitute the alpha and omega of his studies. Corporate bodies, who do not examine and grant letters testimonial as to qualifications of the party in regard to *medicine*, ought not, surely, to be suffered to confer licenses to practise that department of the art, to the knowledge of which, possessed by the person licensed, they do not certify! The Edinburgh College of Surgeons say of their diplomatist, only that he is "*ad artem* CHIRURGICAM *exercendam quam maxime paratus.*" Now we are by no means sticklers for the division between medicine and surgery being drawn with too rigid a precision; nay, we admit that the healing art is "one and indivisible;" but identity of principle and purpose, which this and similar expressions are intended to imply, by no means carry with them the idea that the subject is not very extensive—is not composed of different parts—and that a man may not be well acquainted with one of these, and ignorant of another; or, to come to particulars, that a man may not be expert at reducing a dislocation, or taking up an artery, who would be much at a loss in treating a case of hysteria or dyspepsia;—yet a young man, when he enters into practice, may probably see fifty cases of each of these, before he meets with one of the former on which to exercise his surgical skill.

But it is unnecessary to enlarge farther upon the subject; we shall either have other opportunities of reverting to it, in consequence of a Committee being appointed, or the question will have been settled by our rulers, without much reference to the merits of the question. We shall only therefore add, that if the Scotch College of *Surgeons* procure the privilege of licensing to practise *medicine* in England, it will, in our humble judgment, lead to consequences highly injurious to the present race of general practitioners, and detrimental to the interests of medical science; while, with regard to the University of Edinburgh, we must say that they would have appeared to quite as much advantage in applying to the government to procure the admission of their medical graduates to the rank of English *physicians*, as in endeavouring to procure their recognition as *apothecaries*, and to obtain for them the right of selling medicines south of the Tweed —the only advantage which the proposed bill can confer on them.

## THE GOWER-STREET HOSPITAL.

THE Reverend Mr. Wodsworth has forwarded to us some papers, and a letter, in explanation of the circumstances which led to his exertions in behalf of the North London Hospital — better known as the Gower-Street Valetudinarium. It appears by these documents that the puffing announcements about "the claims of the projected hospital"—the "ability and disinterestedness of the medical officers"—their being "some of the most able and experienced practitioners of the age," &c. &c. &c.—did not originate with himself, but were furnished to him! He only made the required statement, and observes, with regard to the professed relinquishment of fees, that "as a clergyman he could have no farther knowledge as to its practice or expediency." The only point on which he seems to have exercised his discretion related to the amount of the alleged sacrifice, which he informs us in the estimate given to him was reckoned at twelve or fifteen hundred pounds per annum!—but which he reduced to a thousand, "that he might not be guilty of exaggeration." From all this it would appear that the reverend gentleman had been misled with regard to the nature and objects of the institution, by those immediately interested in its success; and we rejoice that the remarks contained in our former article have thus afforded to one of his sacred calling an opportunity of vindicating himself from the suspicion of having knowingly lent his pulpit in support of a job, or wilfully prostituted the cause of charity, by appealing to the benevolence of the public in behalf of a private speculation, which it is quite obvious, if carried on at all, ought to be so at the expense of those for whose profit it is intended*.

## MEMORIAL OF THE LONDON PHYSICIANS.

[The following memorial has been handed round for signature within the last few days. We are not aware of the reception which it has met with, nor whether it has actually been presented.]

*The Memorial of the Physicians practising in London,*

Sheweth,—That the Royal College of Physicians in London was instituted by charter, granted by Henry VIII. for the purpose of watching over the interests of medical science, and promoting the respectability of the medical profession.

That by certain by-laws framed by the College of Physicians, the right of admission into that body is confined to persons who have been educated at the universities of Oxford, Cambridge, and Dublin.

Your memorialists are humbly of opinion, that the right of admission into this corporation ought not to depend upon *religious tests*, but upon proof of good moral character, and adequate general and professional knowledge.

That your memorialists, who have received their education in the university of Edinburgh, or in Foreign schools celebrated for medical instruction, are subjected to the operation of by-laws, framed in opposition to their interests and professional advancement; that they are compelled to pay a considerable sum of money to a corporation with which they have no connexion, over whose funds they have no control, and with whose laws and proceedings they are quite unacquainted.

Were it required, your memorialists would have no difficulty in showing the many evils affecting the respectability of their profession, and the advancement of medical science, which result from the narrow and exclusive system of monopoly exercised by the College of Physicians; the only conceivable consequence of which they feel persuaded is, to create jealousies and dissensions.

That your memorialists have much pain in referring to the numerous conflicts which persons, similarly circumstanced as themselves, have had to maintain against the encroachments of a corporation whose obvious interest it is to narrow the field of public competition.

Your memorialists beg to represent, that the numerous and artificial divisions in their profession are the result of the exclusive privileges conferred on the different corporations, the evils resulting from which they are most anxious to prove.

Your memorialists, therefore, humbly pray, that such general inquiry may be instituted into the state of the medical profession, as may lead to the framing of laws conducive to the interest of its members, as well as the advantage of the public.

## A BILL

*To amend an Act of the Fifty-fifth year of his Majesty King George the Third,*

FOR BETTER REGULATING THE PRACTICE OF APOTHECARIES THROUGHOUT ENGLAND AND WALES*.

1. Whereas an Act was passed in the fifty-fifth year of the reign of his late majesty King George the Third, intituled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales;"

2. And whereas by the said recited Act it is amongst other things enacted, That from and after the first day of August one thousand eight hundred and fifteen, it shall not be lawful for any person (except a person already in practice) to practise as an apothecary in any part of England or Wales, unless he shall have been examined by the Court of Examiners appointed by the Master Wardens, and Society of the Art and Mystery of Apothecaries of the City of London, or the major part of them, and have received a certificate of his being duly qualified to practise as such from the said Court of Examiners, or the major part of them, as aforesaid:

3. And whereas by the said recited Act it is further provided and enacted, That no person shall be admitted to any such examination for a certificate to practise as

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* Neither are the above the only points on which Mr. Wodsworth has been misinformed: the gentleman to whom he states that he has written upon the subject, neither has, nor ever had, any connexion whatever with this journal.—Ed. Gaz.

* The words printed in Italics are proposed to be inserted in the Committee.

an apothecary, unless he shall have served an apprenticeship of not less than five years to an apothecary:

4. And whereas by the said recited Act it is also further enacted, That if any person (except a person then actually practising) shall, after the first day of August one thousand eight hundred and fifteen, act or practise as an apothecary in any part of England or Wales, without having obtained such certificate as aforesaid, every person so offending shall, for every such offence, forfeit and pay the sum of twenty pounds:

5. And whereas by the said recited Act it is also further enacted, That no apothecary shall be allowed to recover any charges claimed by him, in any court of law, unless such apothecary shall prove on the trial that he was in practice as an apothecary prior to or on the said first day of August one thousand eight hundred and fifteen, or that he has obtained a certificate to practise as an apothecary from the said Master Wardens, and Society of Apothecaries aforesaid:

6. And whereas another Act was passed in the sixth year of the reign of his late majesty King George the Fourth, intituled, "An Act to amend and explain an Act of the fifty-fifth year of his late majesty, for better regulating the Practice of Apothecaries throughout England and Wales," by which some of the provisions of the said first-recited Act were altered and modified; but such last-mentioned Act had endurance only for a limited time, and the same expired on the first day of August, in the year one thousand eight hundred and twenty-six:

7. And whereas by the present regulations of the universities of Edinburgh, Glasgow, and Aberdeen, and of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, no person can be received on trial for the degree or diploma conferred by these bodies, who has not passed through an extensive course of professional education and study, fully qualifying him to act as an apothecary or general medical practitioner; and a large proportion of the medicines actually prepared and dispensed in Scotland, and in the different colonies of the empire, is and has long been prepared and dispensed by persons holding such degrees or diplomas as aforesaid, without any other license or authority; and it is therefore reasonable that every such person should be placed upon the same footing in respect to the right to practise as an apothecary or general medical practitioner in England or Wales, as any person examined and licensed by the said Company of Apothecaries is placed:

8. Be it therefore enacted, by the King's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons, in this present Parliament assembled, and by the authority of the same, That every person who has obtained or shall hereafter obtain the degree of Doctor of Medicine from one of the aforesaid universities, or a diploma from the Royal College of Surgeons of Edinburgh, or from the Faculty of Physicians and Surgeons of Glasgow, shall be entitled to practise as an apothecary or general medical practitioner, and to dispense medicines to his patients in any part of England or Wales, without having undergone any such examination, or received any such certificate as by the said recited Act of the fifty-fifth year of the reign of his said late Majesty King George the Third is directed, and without being liable to any penalty or disability whatsoever imposed by the said Act on any person who, not having been in practice as an apothecary prior to or on the said 1st day of August one thousand eight hundred and fifteen, shall without having been examined and received a certificate in the manner directed by the said Act, have commenced practice, or have practised as an apothecary in any part of England or Wales.

9. And be it enacted, That no such person shall be obliged, in order to recover in a court of law any charges claimed by him as an apothecary, to prove that he was an apothecary prior to or on the said 1st day of August one thousand eight hundred and fifteen, nor that he had obtained a certificate to practise as an apothecary from the said master wardens and society of apothecaries, but shall only be obliged to prove that he holds a degree of Doctor of Medicine from one of the aforesaid universities of Scotland, or a diploma from the Royal College of Surgeons of Edinburgh, or from the Faculty of Physicians and Surgeons of Glasgow, dated prior to the time at which such charges so claimed shall be alleged to have been incurred.

10. Provided always, and be it enacted, That no degree, diploma, or license, shall hereafter be conferred by any of the aforesaid universities or medical incorporations, except under the condition that previously to any candidate for such degree or diploma being admitted to examination, he shall produce evidence of having served an apprenticeship to a regularly-licensed medical practitioner keeping a laboratory for the dispensing of medicines, or of having attended for at least months at the laboratory of a surgeon or apothecary, or of an established chemist and druggist, or of a public hospital or dispensary, and of hav-

ing during that time been engaged in compounding and dispensing medicines.

11. And be it enacted and declared, That the production of a diploma under the seal of any one of the said universities of Scotland, or of the Royal College of Surgeons of Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, shall in all courts of law and equity be and be held to be sufficient evidence that the person named in such diploma is entitled to the powers and privileges by this Act granted to any person to whom such diploma has been given, without being obliged to give further evidence in regard to the same.

12. And be it enacted, That so much of the said first-recited Act as prohibits the Society of Apothecaries from admitting any person to examination for a certificate to practise as an apothecary, unless he shall have served an apprenticeship of not less than five years to an apothecary, shall be and the same is hereby repealed: Provided always, That it shall and may be lawful for the said Society of Apothecaries to make such by-laws and regulations respecting the serving of apprenticeships by candidates for their licenses as shall appear to the said Society of Apothecaries best calculated to promote the professional instruction of such candidates.

13. " And be it further enacted, That from and after the                    all and every person or persons who shall have received a license or licenses, certificate or certificates, of his or their fitness to practise pharmacy, or the art of an apothecary, or of his or their fitness to practise surgery, from any of the societies or incorporations within Great Britain or Ireland lawfully entitled to grant such licenses or certificates, shall and may practise as an apothecary or as a surgeon respectively, in and throughout that part of the United Kingdom of Great Britain and Ireland called Scotland; any thing in any charter, gift, or patent, now or heretofore in force in that part of the United Kingdom, to the contrary in anywise notwithstanding.

14. And whereas the surgeons and assistant-surgeons of the Royal Navy, the surgeons, assistant-surgeons, and apothecaries of his Majesty's land forces, and the surgeons and assistant-surgeons in the service of the East-India Company, do, previously to their admission into those respective services, undergo strict and perfect examination by experienced medical officers fully competent thereto, as to their sufficient knowledge and capacity in all the branches of the respective sciences and professions of surgery and pharmacy; and it is therefore unnecessary and improper that such prohibition, penalties, and disabilities, which were only intended to protect his Majesty's subjects against the practice of ignorant and unskilful persons, should apply to them: be it therefore enacted, that from and after the passing of this Act, it shall be lawful for any person who has or shall have held any commission or warrant as a surgeon or assistant-surgeon in the Royal Navy, or as surgeon, assistant-surgeon, or apothecary, in any of his Majesty's land forces, or as surgeon or assistant-surgeon in the service of the East-India Company, to practise in any part of England or Wales as an apothecary, or an assistant to an apothecary, to compound and dispense medicines, without any certificate from the Court of Examiners of the said Society of Apothecaries, or any previous examination by the said Court, and without being liable to any penalty or disability whatever by reason of such practice; the said recited Act, or any other statute, law or usage to the contrary thereof notwithstanding.

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### ON THE

## FORMATION OF CALLUS,

*And the Mode of Remedying it when diseased or deformed.*

BY BARON DUPUYTREN.

From the "Leçons Orales," published periodically, under the Baron's inspection.

THERE is perhaps no subject in pathological anatomy which has more exercised the sagacity of observers, and the imagination of those who raise up hypotheses without experience, than the theory of the formation of callus. Two opinions have chiefly prevailed in modern times—that of Duhamel, and that of Bordenave. The former attributed to the swelling of the periosteum and medullary membrane, to their prolongation from one fragment to the other, and to their ossification, the consolidation of the fracture. He held that this re-union took place, at one time by means of a simple external ferrule, at another by means of a double ferrule, one enveloping the periphery of the fragment, the other penetrating the medullary canal, where it forms a kind of wedge, of greater or less length.

Bordenave established different principles. He admits that the union and consolidation of broken bone takes place by the same mechanism as the healing of soft parts: led, without doubt, to this idea by what happens when the fractured parts are exposed, he thought he could recognise the existence of cellular and vascular granulations between the fragments. According to him these granulations united and became solid, by the deposition of phosphate of lime in their interior. These doctrines, more or less modified, were received down to our time, when in 1808, having undertaken to verify the ideas of Bordenave and Bichat, I was astonished to find nothing which justified them. I multiplied my researches, and was led by numerous experiments to establish a theory partly founded on that of Duhamel, and which I taught in my course of pathological anatomy. Let us trace the most remarkable phenomena which we observe during the time that a fractured bone is becoming consolidated.

If the parts be examined between the first and tenth days, we find an extravasation of blood round the fragments, between them, and in the medullary canal. The ecchymosis may extend to very distant parts. Inflammation and tumefaction to a considerable extent is developed at the irritated points. The fleshy fibres become confounded with the inflamed cellular tissue, and soon cease to be distinguishable from other parts. The periosteum becomes red and swollen, is softened, and pours out a reddish serous fluid between it and the portions of bone which it covers. The medullary tissue becomes tumefied and inflamed, effacing by degrees the canal which the centre of the bone presents. The marrow becomes in some measure fleshy, and unites to that of the opposite side. If we examine what is going on with regard to the fragments, we find the clot which separates them to be absorbed in a few days, and replaced by a gelatinous secretion. From the fourth to the sixth day the surfaces of the fracture are covered with a reddish substance, of a downy appearance, but which is not always present. From the tenth to the twenty-fifth day the tumefaction of the soft parts becomes more solid; its adherence to the intermediate substance of the fragments appears every day more intimate; the muscles resume their wonted aspect and functions. The tumor, which I have called *tumeur du cal*, diminishes in extent, and separates from the surrounding parts; the tissue which composes it is homogeneous, like fibro-cartilage, and difficult to divide. If detached, it is found to consist of fibres parallel to the axis of the fractured bone. The swollen medullary membrane is transformed into fibro-cartilage, and progressively narrows the central cavity of the bone, till it finishes by wholly obliterating it.

In proportion as we advance in the examination of the formation of the callus, we observe other particulars: the process may go on to the twenty-fifth, fortieth, or even sixtieth day. In weakly subjects the work is not completed under three months. The lardaceous and fibrous mass which constitutes the "tumor of the callus," and which entirely envelopes the fragments, becomes by degrees cartilaginous. Towards the end of the time, the fragments are included in the centre of solid ferrule, which adheres to them through the whole extent of the outer surface. Externally this ferrule is covered by thickened periosteum, which passes into that covering the sound portions of the bone. The cellular tissue in the neighbourhood is still in a condensed state. The soft substance which was interposed between, in fragments, has now become more dense and more adherent to the extremities of the bone, but is yet far from uniting them in a perfect manner. The central peg continues to be prolonged towards the extremities, rapidly increases in consistence, and soon forms a very solid cylinder of bone. It is usually at this period that the apparatus is removed, but this callus is not yet to remain; consequently, I have named it the "provisional callus," to point out that nature removes it to establish other means of union between the fragments.

From the third to the fifth, even to the sixth month, the tumor of the callus becomes gradually more compact, and the central portion undergoes the same transformation. The substance between the fragments acquires all the characters and consistence of compact bone, differing only in colour. It is the transformation of this substance into bone that I have called the "definitive callus." In the concluding period of the formation of callus, the central portion becomes less dense; cells appear in its interior; it is converted into a reticular tissue, which itself finally disappears, and leaves the central canal of the bone perfectly free. The cells are then lined with a medullary membrane. After the establishment of the canal of the bone it becomes continuous with the lining membrane which secretes the marrow. The external portion of the provisional callus also finishes by disappearing. It is to be understood that the different circumstances of fractures produce some slight varieties in those which attend the callus. Thus, when the fractured bones ride, the interior portion or peg is not found, and the same happens when the bone has no medullary cavity.

To recapitulate:—The reunion of bone generally offers the following phenomena: 1. Effusion of blood and viscid fluid. 2. Ecchymosis in the cellular tissue surrounding the extremities of the fracture. 3. The formation of a cartilaginous and bony ferrule externally, and of a kind of peg within. 4. Ossification of the substance interposed between the fragments. 5. Decrease of the tumor of the callus, and restoration of the medullary canal. The term of forty days, mentioned by many, is far from being sufficient; and where the fracture is oblique, or the bones ride, a much longer time is required.

This being settled, let us now state some facts to shew that at a certain period we may safely displace a bad and deformed callus. The chief question is, whether it can be done without danger? and this we shall endeavour to answer by cases well authenticated, and which have occurred under our own eyes.

Case I.—*Fracture of the Leg—Callus formed, with a deviation of the lower fragment backwards—set to rights on the fifty ninth day.*

A., 41 years of age, was thrown from a horse in the street, and carried immediately to the Hôtel Dieu; he was completely drunk. Besides several bruises, and a wound on the forehead, he had both the bones of one of his legs broken. The slightest motion given to the limb threw the fragments into different directions, and imparted a distinct crepitation. The man, incapable of feeling any pain, disturbed the limb constantly, and even attempted to use it for the purpose of support; but had it not been for a deep and strong boot which he wore, he would most probably have pierced and lacerated the integuments of the leg by the fragments. Reduction could be only very imperfectly managed the first day: on the following, however, an attentive examination being made, it was ascertained that a fracture existed just at the lower third of the leg; that it was oblique from below upwards, and from before backwards; that the fragment of the tibia formed a sharp point, and had nearly come through the flesh. Placing the limb in a semiflex position, on its outer side, the fracture was reduced; compresses, and an appropriate bandage, were put on the projecting fragment; and in order to guard against the development of inflammatory accidents, two bleedings were practised; low diet, and dilute drinks, were enjoined. Much swelling, however, and pain, supervened in the course of a few days; phlyctenæ were formed on the surface; and a collection of matter was perceived at the place of the fracture, more especially on its anterior and inner part. An opening was made, and the wound dressed in the usual way. The patient, on his part, was very unmanageable, and seldom maintained the posture in which he was placed; and frequently he was so troublesome as to require the bandage to be shifted and loosed. On the 27th day the wound was cicatrized, and appeared going on well. On the 45th there was still some swelling. Upon examining the state of the limb attentively, it was clear that consolidation had been effected, but not as well as could be wished, for there was a displacement of the lower fragment backwards. The deformity, however, was so slight, that it was not deemed worthy of being disturbed. A simple roller was put on, and the patient was allowed to move the limb and to sit up. On the fifty-ninth day, a new examination of the limb being made, whether it was that the swelling, now completely subsided, allowed a more perfect survey of the parts, or that, in consequence of some irregular motion, the limb had taken a wrong set, the deformity was now much greater than when examined last. The leg was bowed; a projection on its front at the place of the fracture, and the lower part drawn considerably backwards. This obviously required to be remedied, for walking could be but ill performed, and would only aggravate the mischief. The remedy adopted by M. Dupuytren was the application of the bandage which he has specially devised for fractures of the fibula, with deviation of the foot backwards. He tried, first, moderate reduction by handling, attempting to give a more correct form to the parts by moving the upper and lower portions in opposite directions, whilst the assistants drew the limb in the way of extension and counter-extension. He then laid along the whole of the back part of the leg a pad, shaped angularly, with its upper extremity in the ham, and its base at the heel. Over this he placed an inflexible splint of the same length, and attached the whole to the leg by several turns of a tape applied below the knee. A small pad was then put on the projection, and connected with the splint and lower cushion by several additional turns of tape. The limb was laid on its external side in the semiflex position, and no alteration of the appareil was allowed more often than every three or four days at first, but afterwards much less frequently. It remained on for twenty-eight days, at the end of which time the limb was perfectly restored to its proper form. In ten days more the patient could go on crutches, and soon after without them. Every inconvenience gradually disappeared, and the cure was complete at the end of four months from the occurrence of the fracture.

The preceding case satisfactorily disposes of the question, whether a callus may be disturbed without danger after it has existed for some time? But what length of time? This is a question in replying to which a number of circumstances must be taken into account—the patient's age, his condition of body, the sort of bone affected, and the nature of the displacement. In fracture, the displacement, it is well known, may be lengthways or crossways, the former of which deserves the chief attention, for it is that which most usually occurs, and the management of which is most easy even after a long interval. It is a displacement which often arises from patients using their limbs too soon, before the callus has acquired due consolidation, or in consequence of the treatment being deficient, some one part giving way to the undue force exerted upon it; as, for example, when the limb, laid on its posterior surface, does not rest exactly horizontally, the heel being lower than the rest of the leg; or where, the limb being placed on its outer side, the patient, instead of lying on the corresponding side of his body, rests on his back, and raises his knee above the pillow. In the first case, the foot, by its weight, draws the lower fragments backwards with it, and an angular projection is made forwards at the place of the fracture. The deformity is in the reverse direction when the heel is too much raised. In the second case, the upper fragments, loaded with the weight of the leg and body, maintain a forward condition, while the lower are sunk inwards and obliquely backwards, the muscular action being ill counterbalanced.

All the circumstances being considered, and from all that we have experienced in the living body, and observed in those who have died at different periods of the consolidation of fractures, I am disposed, said M. Dupuytren, to conclude that, generally speaking, up to about the sixtieth day, it is quite possible to remodel the callus.

The methods recommended and employed for the purpose have been very numerous; but the five following may be looked upon as the principal. 1. *Rupture of the callus*, by pressure against a stick, or by striking a smart blow at the point of consolidation. Pathological anatomy has demonstrated the absurdity of this method; and what we know of the formation of the provisional callus warrants us in holding that the thing which can then be effected is not the breaking of a hard and compact body, but the new modelling a substance which is supple and elastic. 2. *Permanent extension*, with ordinary bandaging and machines for graduated extension. While the callus is still provisional, this doubtless s the most rational method. 3. *Compresion*, which is principally adopted for remedying angular displacements, and is managed with splints and other mechanical agents. The utility of this plan is confined to the earlier stages of the callus. It is the method commonly employed in Germany, with mercurial friction combined. 4. *Section of the callus*, with saw or scissors. This is the only mode of remedying a jumbled consolidation of the bones of the forearm. And, 5. *The seton*, or Weinhold's method. But what is most indispensable before any thing is attempted, is to ascertain well the nature of the displacement, and the causes which have produced and maintained it. This once known, it becomes comparatively easy to determine the direction in which the fragments must be forced, and to calculate to a degree of nicety the amount of force required. By careful manipulation, then, on the part of the surgeon and his assistants, a favourable result may be commanded.

### CASE II.—*Fracture of the two Bones of the Leg, with a lateral deviation, restored on the twenty-ninth day.*

L., aged 27, after a fall from the third story of a house into the street, could neither walk nor rise. Violent pain, swelling, and ecchymosis of the left leg. Cataplasms and emollients were the only methods employed for twenty-nine days. He was then brought into the Hôtel Dieu. Upon examination, the left foot was observed to be turned outwards, and the leg to be made up of two parts joined, a little below the middle, at an angle of forty-five degrees, the apex of the angle directed inwards. Fracture and subsequent consolidation had evidently taken place. M. Dupuytren applied at once the internal lateral appareil for fractures of the fibula, acting in a direction exactly opposed to that of the displacement. The foot, projecting prominently outwards, was considerably distant from the splint, when the traction by the inferior band was begun, but in the course of the regular and steady application of the straps, the limb assumed gradually its proper form, or nearly so; for on account of the patient's murmuring at the pain, a complete reformation could not at once be effected. The leg was laid on its outer side, semiflexed; the pains became more tolerable, and the bandaging was endured. On the third day it was reapplied more tightly, a complete reduction of the parts was effected, and even a slight curvature given to the internal surface. There were no accidents up to the tenth, twentieth, or thirtieth day. On the fortieth, the appareil was taken off. The leg was solid, and of its natural form and structure. A slight swelling, however, remained about the ankle-joint. On the fifty-sixth day the patient left the hospital, and it would have been then difficult to say which of his legs it was that had been fractured. The restored limb is fully as strong as the other one.

Case III.—*Fracture of the Radius—Displacement of the Hand in Consolidation—Reduction on the twenty-fifth day.*

Mad. L., aged 69, fell one day in the street. The weight of her body came on the palm of her left hand. She felt a sharp pain in the wrist, which was presently followed by swelling; but thinking there was nothing the matter, but a simple sprain, she consulted no medical man; emollients alone were applied. She soon found, however, that her wrist was becoming more and more misshapen, and its power of motion more impeded. In consequence of this she came to the Hôtel Dieu, when an examination of the injury was instituted. The hand was found to deviate remarkably in abduction; a hollow existed at the inferior extremity of the radius; the movements of pronation and supination were extremely painful, indeed nearly impossible. M. Dupuytren perceived that there was a fracture of the lower extremity of the radius, and announced, that notwithstanding the time that had elapsed since the fracture, (twenty-five days) it was still possible to restore the limb to its natural form and functions, by modifying the callus which united the fragments. In order to accomplish this object, an assistant took hold of the forearm by its upper part, for the purpose of counter-extension; M. Dupuytren took the hand, and impressed on it a movement in a reverse direction from that of the fracture. The fragments were then seen to be carried outwards, the hollow to be filled up, and the interosseous space to be expanded. The subsequent indications were simple. Nothing more was required than to secure for the part during consolidation the modification which was now effected. The ordinary appareil for forearm fractures, with the elbow-splint, answered every purpose. No derangement occurred. The bandage was reapplied on the tenth day, and again on the twentieth. All went on well. On the thirty-second day the appareil was removed, and the patient left the hospital.

It should be observed, said M. Dupuytren, in conclusion, that the first application of the bandage should almost always be made with more force of constriction than in cases of recent fracture, and the state of the parts should be assiduously watched. If the pain be very severe, with swelling, and a diminution of feeling in the parts beyond the bandage, the appareil is too tight, and should be slacked immediately. The third or fourth day, in general, is a proper time for examining the state of things, and for applying new efforts of reduction. As long as the deformity is not completely removed, these efforts must be made and repeated until the limb assumes its natural conformation; and it will be found, in general, that probably as much time and patience are required for attaining this object as is commonly bestowed on the treatment of a recent fracture.

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## WEEKLY ACCOUNT OF BURIALS,

*From* Bills of Mortality, *June* 4, 1833.

| | | | |
|---|---|---|---|
| Abscess | 2 | Hernia | 2 |
| Age and Debility | 49 | Hooping-Cough | 26 |
| Apoplexy | 5 | Inflammation | 76 |
| Asthma | 23 | Bowels & Stomach | 6 |
| Cancer | 2 | Brain | 4 |
| Childbirth | 5 | Lungs and Pleura | 5 |
| Cholera | 1 | Influenza | 9 |
| Consumption | 96 | Insanity | 1 |
| Convulsions | 37 | Jaundice | 1 |
| Dentition or Teething | 14 | Liver, Diseased | 6 |
| Diarrhœa | 1 | Measles | 5 |
| Dropsy | 13 | Mortification | 7 |
| Dropsy on the Brain | 19 | Paralysis | 2 |
| Dropsy on the Chest | 1 | Rheumatism | 1 |
| Epilepsy | 1 | Small-Pox | 3 |
| Erysipelas | 1 | Sore Throat and Quinsey | 1 |
| Fever | 9 | Thrush | 1 |
| Fever, Scarlet | 9 | Tumor | 1 |
| Fever, Typhus | 3 | | |
| Gout | 2 | | |
| Hæmorrhage | 2 | Stillborn | 16 |
| Heart, diseased | 3 | | |

Increase of Burials, as compared with the preceding week . . . 168

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## METEOROLOGICAL JOURNAL.

*Kept at* Edmonton, *Latitude* 51° 37′ 32″ N.
*Longitude* 0° 3′ 51″ W. *of Greenwich.*

| *May* 1833. | Thermometer. | | Barometer. | |
|---|---|---|---|---|
| Thursday . 30 | from 40 | to 69 | 30·18 | to 30 24 |
| Friday . . 31 | 37 | 70 | 30·28 | Stat. |
| *June.* | | | | |
| Saturday . 1 | 40 | 77 | 30·18 | 30·05 |
| Sunday . . 2 | 46 | 75 | 29·96 | 29·57 |
| Monday . . 3 | 46 | 67 | 29·51 | 29·53 |
| Tuesday . . 4 | 40 | 63 | 29·56 | 29·59 |
| Wednesday 5 | 39 | 70 | 29·64 | 29·70 |

Prevailing wind S.W.

The 2d cloudy, with rain in the evening; otherwise generally clear.

Rain fallen, ·475 of an inch.

Charles Henry Adams.

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## NOTICES.

Papers have been received from Dr. Arrowsmith, Dr. Ashburner, Mr. Jones, Mr. Greenhow, Mr. Phillips, Mr. Belinaye, Dr. Heath, Mr. Forman, "Medicus," and "Σ."

"Maxilla Inferior" will, we are sure, forgive the postponement of his letter, when he sees that the space it would have occupied is filled by the very Bill he is so anxious to support.

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